



~~//SECRET//~~

REGRADE FOR OFFICIAL USE ONLY///LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25

DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
10TH MILITARY POLICE BATTALION (CID)
76TH MILITARY POLICE DETACHMENT (CID)
APO AE 09342

REPLY TO THE ATTENTION OF:
CIRF-ZA-BD (195)

13 Jul 06

(U) MEMORANDUM FOR SEE DISTRIBUTION

(U) SUBJECT: CID REPORT OF INVESTIGATION – FINAL(C)/SSI – 0234-2005-CID259-36335/5H9A

(U) DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. (U) 1200, 29 AUG 2005 – 0144, 31 AUG 2005; BATHROOM AREA, 48th BRIGADE COMBAT TEAM, BRIGADE INTERNMENT FACILITY, BAGHDAD INTERNATIONAL AIRPORT, BAGHDAD, IRAQ, APO AE 09342

(U) DATE/TIME REPORTED: 31 AUG 2005, 1720

(U) INVESTIGATED BY:

SA (b)(6), (b)(7)(C), (b)(7)(F)
SA [REDACTED]
SA [REDACTED]

(U) SUBJECT:

1. (U) NONE; [NATURAL DEATH]

(U) VICTIM:

1. (U) HAMMEED, JOHAR NASIR (DECEASED); CIV; IRAQI; MALE; WHITE; CAPTURE TAG NUMBER: 2/3-014-B1437; AKA: HAMEED JOHAR AL JUNABI; XZ [NATURAL DEATH] (NFI)

(U) INVESTIGATIVE SUMMARY:

(U) This is an Operation Iraqi Freedom Investigation.

(U) On 31 Aug 05, this office was notified by SFC (b)(6), (b)(7)(C) Detention Operations Non-Commissioned Officer In Charge (NCOIC), 3rd Infantry Division (3ID), Detention Operations, Camp Liberty, IZ, of a detainee death at the 48th Brigade Combat Team (BCT) Brigade Internment Facility (BIF), Baghdad International Airport, IZ.

~~//SECRET//~~

REGRADE FOR OFFICIAL USE ONLY///LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25

~~SECRET~~

REGRADE FOR OFFICIAL USE ONLY//LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25

0234-2005-CID259-36335-5H9A

(U) Investigation revealed on 28 Aug 05, Mr. HAMMEED was apprehended by members of Task Force (TF) Raptor, as a suspected participant in Anti Coalition Forces activities. On 29 Aug 05, Mr. HAMMEED became disoriented after utilizing the latrine, and was transported to the aid station. Mr. HAMMEED became unresponsive, his pulse dropped, and he appeared to have short, labored breathing. Mr. HAMMEED was immediately transferred to the US Air Force (USAF) 447th Air Expeditionary Group (AEG) Emergency Medical Squadron (EMEDS), Sather Air Base, Baghdad International Airport (BIAP), IZ, for continued treatment and died a natural death two days later as a result of a stroke.

(U) STATUTES:

N/A

(U) EXHIBITS/SUBSTANTIATION:

(U) ATTACHED:

1. (U) Agent's Investigation Report (AIR) of SA [b(6), b(7)(C)], 6 Sep 05, detailing the initial notification, coordination with MAJ [b(6), b(7)(C)] interviews of MAJ [b(6), b(7)(C)], SSG [b(6), b(7)(C)], SGT [b(6), b(7)(C)], SPC [b(6), b(7)(C)], SSG [b(6), b(7)(C)], CPT [b(6), b(7)(C)], CPL [b(6), b(7)(C)] and CPT [b(6), b(7)(C)], death scene verification; receipt of documents and interviews of SPC [b(6), b(7)(C)], SPC [b(6), b(7)(C)] and SPC [b(6), b(7)(C)].
2. (U) 48th BCT Critical Incident Report, 31 Aug 05, detailing the summary of incident to include personnel involved.
3. (U) Detainee file of Mr. HAMMEED various dates, containing witness statements, Coalition Provisional Authority Forces Apprehension form, and evidence property custody documents.
4. (U) Arabic language statement of Mr. [b(6), b(7)(C)] detailing Mr. HAMMEED planted explosives (USACRC copy only).
5. (U) English language translation of Mr. [b(6), b(7)(C)] statement Exhibit 4, translated by Mr. [b(6), b(7)(C)] Titan.
6. (U) Arabic language statement of Mr. [b(6), b(7)(C)] detailing Mr. HAMMEED planted explosives. (USACRC copy only).
7. (U) English language translation of Mr. [b(6), b(7)(C)] statement Exhibit 6, translated by Mr. [b(6), b(7)(C)] Titan.
8. (U) Medical Documents of Mr. HAMMEED, 29 Aug 05, detailing care provided.

2

~~SECRET~~

REGRADE FOR OFFICIAL USE ONLY//LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25

~~SECRET~~

REGRADE FOR OFFICIAL USE ONLY//LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25

0234-2005-CID259-36335-5H9A

9. (U) Scene Sketch of bathroom area, 31 Aug 05, prepared by SA [b(6), b(7)(C)]
10. (U) Sworn Statement of PFC [b(6), b(7)(C)] 29 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.
11. (U) Sworn Statement of SPC [b(6), b(7)(C)] 29 Aug 05, detailing his assistance with Mr. HAMMEED.
12. (U) Statement of CPT [b(6), b(7)(C)] 30 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.
13. (U) Sworn Statement of SGT [b(6), b(7)(C)] 30 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.
14. (U) Sworn Statement of SPC [b(6), b(7)(C)] 29 Aug 05, detailing his treatment of Mr. HAMMEED.
15. (U) AIR of SA [b(6), b(7)(C)] Aberdeen Proving Grounds Resident Agency, 6 Sep 05, detailing attendance of Mr. HAMMEED's autopsy.
16. (U) CD ME05-0835, containing photographs from Mr. HAMMEED's autopsy (USACRC and file copies only).
17. AIR of SA [b(6), b(7)(C)] 14 Sep 05, detailing receipt of 15-6 investigation.
18. (U) AR 15-6 Investigation conducted by CPT [b(6), b(7)(C)] Battalion S-1, 148th Support Battalion (SB), 48th BCT, Camp Stryker, IZ.
19. (U) AIR of SA [b(6), b(7)(C)] 37th MP Det (CID), 31 Aug 05, detailing the interview of MAJ (DR) [b(6), b(7)(C)] coordination with SGT [b(6), b(7)(C)] photographs of Mr. HAMMEED; and collection of medical records from the Patient Administration Division.
20. (U) Medical Records of Mr. HAMMEED, various dates.
21. (U) Compact Disc 050234.259 containing photographs of Mr. HAMMEED (USACRC and file copies only).
22. AIR of SA [b(6), b(7)(C)] 7 Jun 06, detailing the receipt of final autopsy report and death certificate.
23. (U) AFIP Final Autopsy Report ME-05-835, 29 May 06, of Mr. HAMMEED.

3

~~SECRET~~

REGRADE FOR OFFICIAL USE ONLY//LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25

~~//SECRET//~~

**REGRADE FOR OFFICIAL USE ONLY///LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25**

0234-2005-CID259-36335-5H9A

24. (U) Overseas Death Certificate of Mr. HAMMEED, 31 Aug 05.

25. (U) Compact Disc (CD), 05234.259, containing photographs exposed during the scene verification. (USACRC copy only) (CLASSIFIED)

(U) NOT ATTACHED:

(U) NONE.

(U) The originals of Exhibits 1, 5, 7, 9 through 17, 19, 21, 22, and 25 are forwarded with USACRC copy of this report. The originals of Exhibits 2 and 18 are retained in the files of the 48th BCT, Camp Stryker, Baghdad, IZ APO AE 09342. The original of Exhibits 3, 4 and 6 are retained in the files of Task Force 134, Camp Victory, IZ APO AE 09342. The originals of Exhibits 8 and 20 are maintained in the Patient Administration Division of the Air Force Theater Hospital, Logistical Supply Area Anaconda, APO AE 09391. The originals of Exhibits 23 and 24 are retained in the files of the Armed Forces Institute of Pathology, OAFME, Rockville, MD, 20850.

(U) STATUS: This is a Final(C) Report. This investigation is being terminated in accordance with Section V, paragraph 4-17(a)7a, CIDR 195-1, in that medical authorities determined the that death resulted from natural causes and there is no evidence to contradict their findings.

LEADS REMAINING: Interview of SGT **b(6), b(7)(C)** SSG **b(6), b(7)(C)** SPC **b(6), b(7)(C)** and LTC **b(6), b(7)(C)**

Report Prepared By:

Report Approved By:

b(6), b(7)(C)

Special Agent, **b(7)(F)**

b(6), b(7)(C)

Detachment Commander

Distribution:

1- Director, USACRC, ATTN: 6010 6th Street, Fort Belvoir, VA 22060-5506
(cid001crcsc@sbelvoirdms.army.smil.mil)

1 - CDR, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Fort Belvoir, VA 22060-5506
(cid001dcsopsops2sc@belvoir.army.smil.mil)

1 - HQ, USACIDC, ATTN: Chief, Investigative Operations, 6010 6th Street, Fort Belvoir, VA 22060-5506 **b(6), b(7)(C)** @us.army.smil.mil) **b(6), b(7)(C)** @us.army.smil.mil)

4

~~//SECRET//~~

**REGRADE FOR OFFICIAL USE ONLY///LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25**

~~//SECRET//~~

REGRADE FOR OFFICIAL USE ONLY//LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25

0234-2005-CID259-36335-5H9A

1 - HQ, USACIDC, ATTN: Chief, DCSOPS, 6010 6th Street, Fort Belvoir, VA 22060-5506
(ciddscops1sc@sbelvoirdms.army.smil.mil)
1 - CDR, 3D Military Police Group (CID), 4699 North 1st Street, Forest Park, GA 30297-5119
(b(6), b(7)(C) @force1.army.smil.mil) (email only)
1 - CDR, 10th Military Police Battalion (CID), Camp Victory, IZ APO AE
09342 (b(6), b(7)(C)@iraq.centcom.smil.mil) (b(6), b(7)(C) @iraq.centcom.smil.mil)
(email only)
1 - SJA, MNC-I (V CORPS), ATTN: LTC (b(6), b(7)(C) Camp Victory, IZ, APO
AE 09342 (b(6), b(7)(C) @iraq.centcom.smil.mil) (e-mail only)
1 - Provost Marshal, MNF-I, Al Faw Palace, Room 313A, Camp Victory, IZ APO AE 09342
(b(6), b(7)(C)@iraq.centcom.smil.mil) (b(6), b(7)(C)@iraq.centcom.smil.mil) (e-mail only)
1-Armed Forces Institute of Pathology, 1413 Research Blvd., Bldg. 102, Rockville, MD 20850
(b(6), b(7)(C) @us.army.smil.mil) (b(6), b(7)(C) @us.army.smil.mil)
1-CDR, Task Force 134, Detainee Operations, MNF-I, ATTN: MAJ (b(6), b(7)(C) Camp Victory,
IZ APO AE 09342 (email only) (b(6), b(7)(C) @iraq.centcom.smil.mil)
1-File

5

~~//SECRET//~~

REGRADE FOR OFFICIAL USE ONLY//LAW ENFORCEMENT SENSITIVE
WHEN SEPARATED FROM EXHIBIT 25

ACLU RDI CID ROI 28807

AGENT'S INVESTIGATION REPORT

0234-2005-CID259-36335

CID Regulation 195-1

Page 1 of 5 Pages

Basis for Investigation:

About 1720, 31 Aug 05, this office received notification from SFC [b(6), b(7)(C)] Detention Operations Non-Commissioned Officer in Charge (NCOIC), 3rd Infantry Division (ID) Detention Operations, Camp Liberty, Iraq (IZ), who reported detainee Johar Nasir HAMMED, Capture Tag Number: 2/3-014-B1437, had died at 0210 hours, 31 Aug 05, while in the Theatre Support Hospital, Camp Anaconda, SFC [b(6), b(7)(C)] reported Mr. HAMMEED was a detainee in the custody of the 48th Brigade Combat Team (BCT), Provost Marshall Office (PMO), Brigade Internment Facility (BIF) (48th BCT BIF), Baghdad International Airport (BIAP), IZ, when he was transported to Camp Anaconda, IZ for an apparent stroke.

AGENT'S COMMENT: This office was notified two days after the death of Mr. HAMMEED, but it was determined about 0144, 29 Aug 05, LTC [b(6), b(7)(C)] 10th Combat Support Hospital, Logistical Support Area Anaconda, Balad, Iraq, pronounced Mr. HAMMEED dead.

About 1725, 31 Aug 05, SA [b(6), b(7)(C)] contacted MAJ [b(6), b(7)(C)] S-3, Headquarters and Headquarters Company (HHC), 48th BCT, 3rd ID, Camp Stryker, IZ, pertaining to the death of the detainee at the 48th BCT BIF. MAJ [b(6), b(7)(C)] related he had a Critical Incident Report (CIR) pertaining to the death of the detainee and that MAJ [b(6), b(7)(C)] Provost Marshall, 48th BCT, Camp Stryker, IZ was the point of contact. MAJ [b(6), b(7)(C)] provided this office with a copy of the CIR. (See CIR for details)

About 1730, 31 Aug 05, SA [b(6), b(7)(C)] interviewed MAJ [b(6), b(7)(C)] who related Mr. HAMMEED arrived at the 48th BCT BIF about 0730 hours, 29 Aug 05, after being apprehended by the 2/3 SFG (NFI). MAJ [b(6), b(7)(C)] stated Mr. HAMMEED was in-processed, which included a medical screening at 1015 hours, and was determined to be suitable for internment. MAJ [b(6), b(7)(C)] reported Mr. HAMMEED was observed staggering while walking to a hand-washing station at the BIF between 1200 and 1230 hours, so two guards escorted him to the Aide Station inside of the BIF. MAJ [b(6), b(7)(C)] stated there was a medic on duty, which transported Mr. HAMMEED to the 47th Expeditionary Medical Squadron (EMEDS), Camp Sather, IZ. MAJ [b(6), b(7)(C)] further related the BIF was under the Operation Control (OPCON) of the 48th BCT PMO, Camp Stryker, IZ.

About 1925, 31 Aug 05, SA [b(6), b(7)(C), b(7)(F)] this office, and SA [b(6), b(7)(C)] interviewed SSG [b(6), b(7)(C)] NCOIC, 48th Brigade Interrogation Facility (BIF), Baghdad International Airport (BIAP), IZ, who related he was not present during the medical complications of Mr. HAMMEED. SSG [b(6), b(7)(C)] provided a brief description of the in-processing procedures for detainees. SSG [b(6), b(7)(C)] related the capturing unit will transport the detainee to 48th BIF, where BIF personnel will review the documents accompanying the detainees. SSG [b(6), b(7)(C)] related the line all detainees against the outside for a quick search and "pat-down". The detainees are then moved to the holding area where the blindfolds and flexi-

[b(6), b(7)(C)]

Special Agent [b(6), b(7)(F)]

48th MP DET (CID)

Camp Slayer, Iraq APO AE 09342

S [b(6), b(7)(C)]

Date: 6 Sep 05

Exhibit:

ACLU DDI CID ROI 28808

CID Form 94

For Official Use Only//Law Enforcement Sensitive

CID Regulation 195-1

Page 2 of 5 Pages

cuffs are removed and the facility rules are read to them. The detainees are then moved to the in-processing room where they are photographed, fingerprinted, stripped searched, entered into Biometric Automated Toolset (BATS), given facility apparel, and then are medically screened. SSG [b(6), b(7)(C)] related if detainees show signs of physical ailment during this stage, they are immediately seen by the Physician Assistant. SSG [b(6), b(7)(C)] related the detainees are then assigned cell assignments, showered, and then place into their assigned cell. At this time, the detainees are considered "general population." SSG [b(6), b(7)(C)] related this process usually will take approximately 30 minutes. SSG [b(6), b(7)(C)] related within 24 hours, the detainees are given their initial physical. SSG [b(6), b(7)(C)] further provided a copy of the Mr. HAMMEED's detainee's file. (See detainee file for details)

About 1935, 31 Aug 05, SA [b(6), b(7)(C)] interviewed SGT [b(6), b(7)(C)] Detention Advisor, Headquarters and Headquarters Support Company (HHSC), 3rd ID, Camp Liberty, IZ, pertaining to his observations and actions at on 29 Aug 05. SGT [b(6), b(7)(C)] related he was outside on the side of the BIF, in an area identified as the Murafa Yard, smoking a cigarette when he observed Mr. HAMMEED stumble out of a port-a-john in a manner similar to a "drunken stooper." SGT [b(6), b(7)(C)] related approached Mr. HAMMEED as he stumbled across the Murafa Yard and observed Mr. HAMMEED's face appeared to be wet and flush, and Mr. HAMMEED looked like he was about to faint. SGT [b(6), b(7)(C)] stated he walked with Mr. HAMMEED over to the sink and watched as Mr. HAMMEED washed his hands and stood at the sink unsure of what he should do. SGT [b(6), b(7)(C)] stated Mr. HAMMEED then tried to refill his water bottle, but apparently lost hand-to-eye coordination and held his hand under the faucet unable to get any water into the bottle. SGT [b(6), b(7)(C)] reported he then started escorting Mr. HAMMEED across the bathroom area back into the BIF when SPC [b(6), b(7)(C)] (NFI) and SPC [b(6), b(7)(C)] (NFI) walked up and escorted Mr. HAMMEED to the Aide Station. SGT [b(6), b(7)(C)] recalled before they could get Mr. HAMMEED to the aide station, Mr. HAMMEED could not walk under his own power and had to be carried the last few feet. SGT [b(6), b(7)(C)] stated he then went to the Detention Operations section concerning the headcount, and returned to the aide station about five minutes later to see Mr. HAMMEED leaning over vomiting and his clothes were apparently soaked from urine and vomit. SGT [b(6), b(7)(C)] related SPC [b(6), b(7)(C)] the medic on duty, rushed Mr. HAMMEED out the front door and into the ambulance.

About 1945, SA [b(6), b(7)(C)] coordinated with SPC [b(6), b(7)(C)] 48th BIF, C Co, 148th Support Battalion, Camp Stryker, IZ, who provided this office with copies of Mr. HAMMEED's medical documentations. Mr. HAMMEED's medical documents included a Standard Form 600 reflecting his initial physical and prescription of Aspirin; and documentation from the 447th Expeditionary Medical Squadron (EMEDS), Camp Sather, IZ, which reflected his treatment after his arrival to EMEDS. (See medical documentation for details)

[b(6), b(7)(C)]

Special Agent [b(6), b(7)(F)]

48th MP DET (CID)

Camp Slayer, Iraq APO AE 09342

[b(6), b(7)(C)]

Date: 6 Sep 05

Exhibit:

ACLU DDI CID ROI 28809

CID Form 94

For Official Use Only//Law Enforcement Sensitive

Scene Documentation: About 2000, 31 Aug 05, SA **b(6), b(7)(C)** conducted a scene verification of the bathroom area of the 48th BIF, BIAP, IZ.

Characteristics of Scene: The 48th BIF was a single-story concrete in construction facility with multiple rooms. The 48th BIF was utilized as a temporary holding/interrogation facility for detainees captured within the 48th Brigade Combat Team (BCT) Area of Operation (AOR). The 48th BIF did not consist of a building number, but was located at grid coordinates MB 27206 79789. The bathroom area of the 48th BIF was located immediately upon exiting out the rear entrance/exit (E/E) of the 48th BIF. The bathroom area consisted of loose gravel terrain. There were 10 port-a-johns located in the north east corner of the bathroom area, with eight in a row and facing south and the other two facing west. Eight port-a-johns were utilized by the detainees and the other two were utilized by the 48th BIF personnel. Located along the south perimeter were two plastic in construction portable hand-washing facilities. Located next to the portable hand-washing facilities were two, metal in construction fixed sinks. The sinks were fastened securely to a portion of the building. The bathroom area contained a perimeter, which consisted of double strand concertina wire.

Condition of Scene: The bathroom area was in neat and orderly condition. It was currently being utilized as a working bathroom area. There were no signs of trash. There were no obstacles or equipment that would cause injury to an individual.

Scene Documentation: Scene documentation sketch and photographs were conducted by SA **b(6), b(7)(C)** utilizing a Nikon 5900 Coolpix digital camera. (See scene documentation sketch and photos for details)

About 2015, 31 Aug 05, SA **b(6), b(7)(C)** interviewed SSG **b(6), b(7)(C)** **b(6), b(7)(C)** Interrogator and Counter Intelligence Agent, 248th Military Intelligence (MI) Company (Co), 48th BCT BIF, Camp Stryker, IZ, who related Mr. HAMMEED had not been screened by the team of interrogators located at the BIF prior to being transported to Balad for a medical condition. SSG **b(6), b(7)(C)** related the procedures at the BIF were for all detainees to be in-processed and medically screened prior to being questioned by MI. SSG **b(6), b(7)(C)** further related the only questioning conducted by MI Interrogators was considered tactical questioning, and the detainees had to be approved by Division, or transferred to a division facility, prior to being interrogated. SSG **b(6), b(7)(C)** stated there were not any interrogation reports on file at the 48th BIF from any questioning which may have been conducted by the apprehending unit, which was reported to be members of 2nd Battalion, 3rd Special Forces Group (SFG) (2/3 SFG).

About 2040, 31 Aug 05, SA **b(6), b(7)(C)** interviewed CPT **b(6), b(7)(C)** Physician Assistant, 48th BIF, C Co, 148th Support Battalion, Camp Stryker, IZ, who recalled his initial physical of Mr. HAMMEED. CPT **b(6), b(7)(C)** related Mr. HAMMEED appeared to be in good condition. CPT **b(6), b(7)(C)** related Mr. HAMMEED's chest and heart had a clear oscillation

b(6), b(7)(C)48th MP DET (CID)Special Agent, **b(6), b(7)(F)**

Camp Slayer, Iraq APO AE 09342

b(6), b(7)(C)

Date: 6 Sep 05

Exhibit:

ACLU DDI CID ROI 28810

CID Form 94

For Official Use Only//Law Enforcement Sensitive

CID Regulation 195-1

Page 4 of 5 Pages

and regular beat. CPT [b(6), b(7)(C)] related Mr. HAMMEED's pulse and blood pressure was a little high, but this was normal due to anxiety of the detainees being captured. CPT [b(6), b(7)(C)] related Mr. HAMMEED complained of old spleen and colon problems. CPT [b(6), b(7)(C)] related Mr. HAMMEED had a contusion on the right side of his face and a couple of minor abrasions. CPT [b(6), b(7)(C)] related the group of detainees that accompanied Mr. HAMMEED had similar marks and nothing was out of the usual. CPT [b(6), b(7)(C)] related he prescribed Mr. HAMMEED 325mg of aspirin for his spleen and colon problems. CPT [b(6), b(7)(C)] verified through the orders book that Mr. HAMMEED was not administered any medication to include aspirin prior to his medical complications.

About 2045, 31 Aug 05, SA [b(6), b(7)(C)] interviewed CPL [b(6), b(7)(C)] [b(6), b(7)(C)] Medical Specialist, C Co, 148th Support Battalion (SB), 48th BCT, Camp Stryker, IZ, who related he was the medic on duty at the 48th BIF on 29 Aug 05. CPL [b(6), b(7)(C)] stated he and the Physicians Assistant, CPT [b(6), b(7)(C)] (NFI), had screened Mr. HAMMEED at 1015 hours on 29 Aug 05, wherein Mr. HAMMEED complained of existing Spleen and Colon medical conditions but could not give any specific information pertaining to the existing medical conditions. CPL [b(6), b(7)(C)] also related Mr. HAMMEED had a few abrasions, a laceration on one shin, and some light bruising on one cheek at the time of the screening, but couldn't remember which shin or which cheek. CPL [b(6), b(7)(C)] recounted Mr. HAMMEED'S pulse, blood pressure, and respirations as being within normal limits during the screening, and may have complained of a headache at the time. CPL [b(6), b(7)(C)] stated Mr. HAMMEED was screened and deemed fit for confinement; the other detainees were also medically screened by CPT [b(6), b(7)(C)]. CPL [b(6), b(7)(C)] stated after all the screenings were completed he walked out to the Murafa Yard to smoke a cigarette when he observed SGT [b(6), b(7)(C)] escorting Mr. HAMMEED towards the door. CPL [b(6), b(7)(C)] recalls he opened the door to the aide station while SPC [b(6), b(7)(C)] (NFI) and SPC [b(6), b(7)(C)] (NFI) brought Mr. HAMMEED in and laid him on the examination table. CPL [b(6), b(7)(C)] recalled checking the pulse of Mr. HAMMEED, which was about 60 to 65 beats per minute, then prepared to check the blood pressure of Mr. HAMMEED as he became unresponsive. CPL [b(6), b(7)(C)] stated he instructed the interpreter to keep talking to Mr. HAMMEED while he attempted to provoke a response from Mr. HAMMEED by shaking, rubbing, pinching, and shouting. CPL [b(6), b(7)(C)] claimed after a few moments of being unable to obtain any response from Mr. HAMMEED, he transported Mr. HAMMEED to the EMEDS clinic at Camp Sather, IZ. CPL [b(6), b(7)(C)] related Mr. HAMMEED was breathing on his own and had a weak pulse when he was released to the EMEDS, but had never regained consciousness.

About 2140, 31 Aug 05, SA [b(6), b(7)(C)] and SA [b(6), b(7)(C)] interviewed CPT [b(6), b(7)(C)] [b(6), b(7)(C)] Medical Doctor, 447th EMEDS, Camp Sather, IZ, who recalled treating Mr. HAMMEED for what she thought was a hemorrhagic stroke on the left side. CPT [b(6), b(7)(C)] related her physical findings of Mr. HAMMEED, such as a unilateral blown pupil on the right side and unresponsiveness led her to believe he was having a stroke. CPT [b(6), b(7)(C)]

[b(6), b(7)(C)]

Special Agent, (b)(7)(F)

48th MP DET (CID)

Camp Slayer, Iraq APO AE 09342

[b(6), b(7)(C)]

Date: 6 Sep 05

Exhibit:

ACLU DDI CID ROI 28811

CID Form 94

For Official Use Only//Law Enforcement Sensitive

AGENT'S INVESTIGATION REPORT

0234-2005-CID259-36335

CID Regulation 195-1

Page 5 of 5 Pages

related Mr. HAMMEED's blood sugar and vital signs were normal. CPT [b(6), b(7)(C)] related she administered two IV's and administered an intubations tube to regulate Mr. HAMMEED's breathing. CPT [b(6), b(7)(C)] related Mr. HAMMEED was air transported to Balad, IZ because they possess a neurosurgeon on site.

About 1510, 1 Sep 05, SA [b(6), b(7)(C)] coordinated with SSG [b(6), b(7)(C)] who provided sworn statements of CPT [b(6), b(7)(C)] SPC [b(6), b(7)(C)] HHC 48th BCT, SPC [b(6), b(7)(C)] SGT [b(6), b(7)(C)] and SPC [b(6), b(7)(C)] All sworn statements were taken in reference to their knowledge concerning the medical evacuation of Mr. HAMMEED. (See sworn statements for details)

About 1145, 6 Sep 05, SA [b(6), b(7)(C)] interviewed SPC [b(6), b(7)(C)] [b(6), b(7)(C)] HHC 48th BCT, who stated while assigned to the front desk of the BIF he observed two guards escort Mr. HAMMEED to the aid station. Soon after he saw a medic come out of the aid station saying Mr. HAMMEED was having a stroke so SPC [b(6), b(7)(C)] went to the aid station to render any aid he could. SPC [b(6), b(7)(C)] stated he did not observe Mr. HAMMEED fall over or strike his head while walking, but he did see the guards grab him to prevent him from falling. SPC [b(6), b(7)(C)] then aided in loading Mr. HAMMEED into a helicopter for evacuation.

About 1215, 6 Sep 05, SA [b(6), b(7)(C)] interviewed SPC [b(6), b(7)(C)] who stated while conducting roving guard he, along with several other Soldiers, were getting the detainees ready to move to the bathroom area of the BIF when he noticed an older detainee moving very slowly. SPC [b(6), b(7)(C)] stated he then escorted the detainee back to the holding cell and left him there with a medic and SPC [b(6), b(7)(C)] SPC [b(6), b(7)(C)] stated he did not see the detainee fall or hit his head on anything.

About 1245, 6 Sep 05, SA [b(6), b(7)(C)] interviewed SPC [b(6), b(7)(C)] who stated while conducting roving guard, he noticed an older detainee stumbling and helped escort him to the aid station. SPC [b(6), b(7)(C)] stated he did not see any injuries or see the detainee fall or hit his head.
///LAST ENTRY///

[b(6), b(7)(C)]

Special Agent, [b(6), b(7)(F)]

48th MP DET (CID)

Camp Slayer, Iraq APO AE 09342

[b(6), b(7)(C)]

Date: 6 Sep 05

Exhibit:

ACLU DDI CID ROI 28812

CID Form 94

For Official Use Only//Law Enforcement Sensitive

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

48BCT CIR

LINE 1: Unit reporting: 48th BCT PMO BIF Operations

LINE 2: Incident: Death of inmate in Custody (At medical facility, **stroke victim**)

LINE 3: Date/time group (DTG) incident occurred: 0210hrs, 31 August 2005

LINE 4: Location of incident: Army Medical Facility, Balad Iraq

LINE 5: Personnel involved:

Name	Rank	Unit	SSN	Sex	Age	Race

LINE 6: Summary of incident: Detainee (2/3-014-B1437, JOHAR, Nasir Hammed) while in custody of 48th BDE passed away at 0210hrs, 31 August 2005 in the Army Medical facility located in Balad, Iraq. JOHAR collapsed after using the latrine at the 48th BDE BIF located at west BIAP and was diagnosed with a likely hemorrhagic stroke on 29 August 2005, immediately following diagnosis he was transport to medical facility in Balad. More information to follow.

LINE 7: Damage to government and/or civilian property: NONE.

LINE 8: Commander reporting: SSG **b(6), b(7)(C)** BIF SOG 580-8279

ACLU DDI CID ROI 28813

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

RECEIPT FOR INMATE OR DETAINED PERSON		
1. RECEIVED FROM (Unit or Agency and Station) <u>2/3 SF</u>	2. TIME <u>0520</u>	3. DATE (YYYYMMDD) <u>29 AUG 05</u>
4. INMATE NAME (Last, First, Middle) <u>HAMMEED JOHAR NASTER</u>	5. SSN <u>213-014-81487</u>	6. GRADE <u>N/A</u>
7. ORGANIZATION <u>N/A</u>	8. STATION <u>N/A</u>	
9. OFFENSE <u>SEE CH. 17 CPA FORM</u>		
10. PERSONAL PROPERTY <u>SEE DA 4137</u>		
11. REMARKS <u>N/A</u>		
12. NAME AND TITLE OF PERSON RECEIVING ABOVE INDIVIDUAL <u>b(6), b(7)(C) INPROCESSING NCOIC</u>	13. SSN <u>b(6), b(7)(C)</u>	14. GRADE <u>X</u>
15. RECEIVING UNIT OR AGENCY AND STATION <u>48TH BCT LIGHTNING BIF</u>	16. SIGNATURE <u>b(6), b(7)(C)</u>	

DD FORM 2708, NOV 1999

USAPA V1.00

ACLU DDI CID ROI 28814

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0231-05 IMPR/CID SEQUENCE NUMBER 9-38335

EVIDENCE/PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army
Criminal Investigation Command

B1417-B1425 +

CAD REPORT/CID NO NUMBER

B1433-B1439

RECEIVING ACTIVITY

2/3 SF

LOCATION

BIAP

NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED

☐ OWNER

2/3 SF

☒ OTHER

ADDRESS (Include Zip Code)

385 MB 248 563

LOCATION FROM WHERE OBTAINED

ITEMS WERE CONFISCATED

AT SAID GRID CODE

REASON OBTAINED

SK

TIME/DATE OBTAINED

28 AUG 05

ITEM NO.

QUANTITY

DESCRIPTION OF ARTICLES

(Include model, serial number, condition and unusual marks or scratches)

1	2	AK 47 SER. # 01K31204 @ KM 27198-
2	1	00. GRN. MEL. TOTE BAG
3	11	AK 47 MAG'S
4	189	7.62 AK 47 ROUNDS

NF

ITEM NO.

DATE

RELEASED BY

CHAIN OF CUSTODY

SIGNATURE

RECEIVED BY

PURPOSE OF CHANGE OF CUSTODY

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

SIGNATURE

NAME, GRADE OR TITLE

NAME, GRADE OR TITLE

SIGNATURE

SIGNATURE

NAME, GRADE OR TITLE

NAME, GRADE OR TITLE

SIGNATURE

SIGNATURE

NAME, GRADE OR TITLE

NAME, GRADE OR TITLE

SIGNATURE

SIGNATURE

NAME, GRADE OR TITLE

NAME, GRADE OR TITLE

DA FORM 4137, 1 JUL 76

Replaces DA FORM 4137, 1 Aug 76 and
DA FORM 4137-R Privacy Act Statement
28 Sep 75 Which are Obsolete

ACLU DDI CID ROI 28815

LOCATIO

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

DOCUMENT
NUMBER

USAPPC V1.00

EX09903713

ACLU-RDI 5487 p.13

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0234 05 CID 259-36335

EVIDENCE/PROPERTY CUSTODY DOCUMENT			MPR/CID SEQUENCE NUMBER 2/3-014-B1437	
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command			CRD REPORT/CID ROI NUMBER	
RECEIVING ACTIVITY Lighting BIF 93 SF		LOCATION BJAP		
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OTHER Hammed, Juhur, Nasir		ADDRESS (Include Zip Code) 385 MIB 248 563		
LOCATION FROM WHERE OBTAINED PERSON		REASON OBTAINED Detained		TIME/DATE OBTAINED 29 AUG 05
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <small>(Include model, serial number, condition and unusual marks or scratches)</small>		
1	1	wht. Dishdasha		
AF				
CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1	29 Aug 05	SIGNATURE No sign. avail.	b(6), b(7)(C)	JK
		NAME, GRADE OR TITLE Hammed, Juhur, Nasir		
		SIGNATURE		
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

DA FORM 4137, 1 JUL 76

Replaces DA FORM 4137, 1 Aug 74 and
DA FORM 4137-R Privacy Act Statement
26 Sep 75 Which are Obsolete

LOCATIO

DOCUMENT
NUMBER

USAPPC V1.00

ACLU-RDI 5487 p.14

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EX-1000131

ACLU DDI CID ROI 28816

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive**WITNESS STATEMENT**

I b(6), b(7)(C) want to make the following statement under oath.

I overheard Hameed Johar Al Junabi bragging about an attack he planned, on an American convoy in JULY 2004. He was bragging to me about the attack the day after it happened, sometime in JULY 2004, in the Al Hassaneen Mosque located in Al Ameriyah. He told me that he tasked members of his group to attack a convoy of American armored personnel carriers by L-shaped ambush, using RPG's. Hameed told me that a total of 12 RPG's were fired at the convoy and destroyed 5 to 6 armored personnel carriers.

Also, on 30 JAN 05, I overheard Hameed Johar Al Junabi, at the Al Jihad Mosque in Mahumudiyah, going over details of his plan to launch mortars from a pickup truck into the American forces base in Mahmudiah(it used to be an old meat factory). The mortar attack was carried out by his two sons, b(6), b(7)(C) and b(6), b(7)(C) and other individuals from his cell, later that day.

Also, in MAY 2005, I saw with my own eyes, Hameed Johar Al Junabi help load a number of RPG's and AK-47's into the back of a Kia van, in the parking lot of the Al Jihad Mosque in Mahmudiah. That day, Hamed was at the Al Jihad Mosque bragging to me that he planned an RPG attack on an American convoy on a road between Mahmudiah and Yusifiyah. The attack happened later that day, and Hameed was in the Al Jihad Mosque telling me that the convoy consisted of 4 or 5 HMMWV's and that only one was destroyed by RPG fire.

b(6), b(7)(C)

/s/

ACLU DDI CID ROI 28818

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe: _____			
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input checked="" type="checkbox"/> Murder (I.P.C. 405)
<input checked="" type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input checked="" type="checkbox"/> Kidnapping (I.P.C. 421)
<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)	<input type="checkbox"/> Theft (I.P.C. 439)	<input checked="" type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe: _____			
<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility	<input type="checkbox"/> Photographing/Surveillance Military Installation or Facility	<input type="checkbox"/> Obstructing Performance of Military Mission
<input checked="" type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Other	

Apprehending Unit: TF Raptor		Location Grid: 38S MB 248 563	
Date of Incident: (D/M/Y)	Time of Incident:	Date of Report: (D/M/Y)	Time of Report:
28/ 08/ 2005 to 28/ 08/ 2005	0001 hrs to 0200 hrs	28/ 08/ 2005	400

Detainee # <i>Hammed Johar Nasir</i>		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name:		Last Name:	
First Name:		First Name:	
Given Name:		Given Name:	
Hair Color:	Scars/Tattoos/Deformities:	Hair Color:	Scars/Tattoos/Deformities:
Eye-Color:	Weight: lb Height: in	Eye-Color:	Weight: lb Height: in
Address:		Address:	
Place of Birth:		Place of Birth:	
Ethn/Tribe/ Sect:	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone#:	DOB D/M/Y: <input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)	
Document #:		Document #:	

Total Number of Persons Involved _____ (list names/identifying info on reverse under "Additional Helpful Information")	
--	--

<input type="checkbox"/> Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)	Owner:
Make:	Color:	VIN:
Model:	Type:	Plate No.:
Year:	Names of People in Vehicle:	
Contraband/Weapons in Vehicle:		

<input type="checkbox"/> Property/Contraband	<input type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No
Type:	Model:	Color/Caliber:
Serial No.:	Quantity:	Make:
Other Details:	Where Found:	Owner:

Name of Assisting Interpreter: CPL <i>b(6), b(7)(C)</i>		Email, Phone, or Contact Info: TF RAPTOR
---	--	--

Detaining Soldier's Name (Print): <i>b(6), b(7)(C)</i>		Supervising Officer's Name (Print): <i>b(6), b(7)(C)</i>	
Signature: <i>b(6), b(7)(C)</i>		Signature: _____	
Email: <i>b(6), b(7)(C)</i> @us.army.smil.mil		Email: _____ @us.army.smil.mil	
Unit Phone: 318.453.0392		Unit Phone: 318.453.0392	
Date: 28/ 08/ 2005		Date: 28/ 08/ 2005	

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained?

above person has killed/kidnapped iraqi police, attacked iraqi police check points, attacked ING check points, a vbied against INGs, attacked a cf convoy with an ied, and detonated a vbied against a shiite mosque.

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.
elements of tf raptot and ictf taskforce.raptor@us.army.smil.mil

How was this person traveling (car, bus, on foot)?

Who was with this person?

What weapons was this person carrying?

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

ACLU DDI CID ROI 28820

0234-05-CT0259-36355

For official Use Only
Sworn Statement

Location

Date 2005/08/29 Time: 0400

Area 4

Last name, First name, Middle name

b(6), b(7)(C)

Organization

TF Raptor

I b(6), b(7)(C) want to make the following statement under oath.

I did my duty at Al-Mashroa district on 2005/08/29 Time 0200.

An arrest was made for the wanted (HameedGohar) at his home at.....number [4]

He plants explosive devises in Baghdad-Hillah Road

And he kills police officers and military soldiers,

///personal signature///

Translated by: b(6), b(7)(C)

Translator L-3 Communications Titan Corporation

Assigned to: 10th MP BN CID (FWD) 76 MP CID DET

APO AE 09342

FOUO

ACLU DDI CID ROI 28824

~~FOR OFFICIAL USE ONLY~~
~~Law Enforcement Sensitive~~

0234 05 CID259-36335

~~SECRET~~ // ~~Rel to USA and MCP~~

~~SECRET~~ // ~~Rel to USA and MCP~~ ACLU DDII CID ROI 30911

~~FOR OFFICIAL USE ONLY~~
~~Law Enforcement Sensitive~~

0234 - OS-IP281-36335

For official Use Only
Sworn Statement

Location

Date 2005/08/29 Time: 0400

Area 4

Last name, First name, Middle name

b(6), b(7)(C)

Organization

TF Raptor

I b(6), b(7)(C) Want to make the following statement under oath.

I did my duty at Al-Mashroa district on 2005/08/29 Time 0200. Successful
arrest was made for the wanted (HameedGohar) at his home at.....number [4] He
plants explosive devises in Baghdad -Hillah Road

And kills police officers and military soldiers,

b(6), b(7)(C)

///personal signature///

Translated by: b(6), b(7)(C)

Translator L-3 Communications Titan Corporation

Assigned to: 10th MP BN CID (FWD) 76th MP CID DET

APO AE 09342

ACLU DDI CID ROI 28828

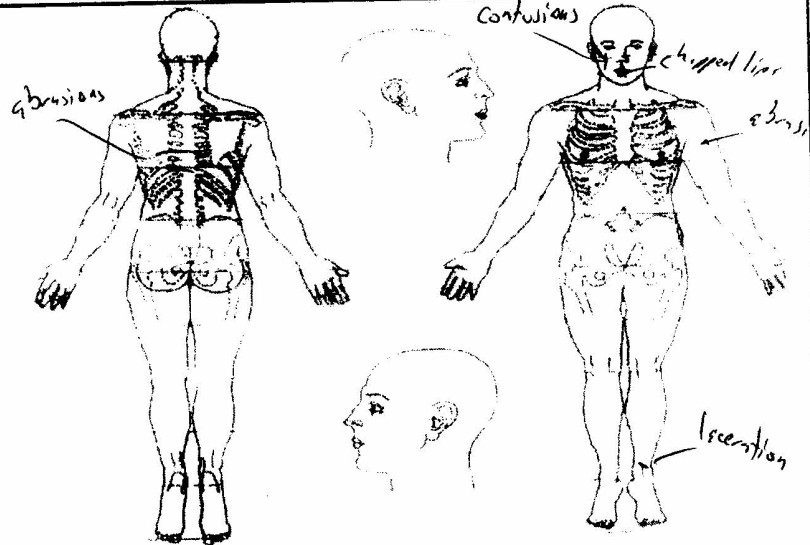
MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE		SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
REPORT OF DETAINEE MEDICAL SCREENING:			
29 Aug 05 10:15	History of Past Medical Conditions: (circle)		Htn, old splenic & colon problems undiscovered.
	Medication Allergies: (NO) (YES) List:		
	Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)		
	Recent Injuries: (NO) (YES) Describe:		
Exam Findings:		BP: 152 / 98 Pulse: 118 Resp: 16 Ht - 5'6 Wt - 150	

Utilize Diagram and space Below to Indicate Examination Findings.
If additional space required continue on reverse

TATTOO: (NO) (YES)

In processing Exam:

HEENT: Dry lips, poor
Chest: CTA
Heart: RRR S. abd, dcl, or
anythn
ABD: Probrenat
EXT: Small abrasion & laceration
of w knee.



(PT) (UNIFIT) For Confinement

(Does) (Does Not) Require Further Evaluation (b)(6)

Name/Rank/Unit of Screener: (b)(6)

HOSPITAL OF MEDICAL FACILITY

SPONSOR'S NAME

SSN / ID NO

RELATIONSHIP TO SPONSOR

PATIENT'S NAME IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle;
ID No or SSN; Sex, Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

65410

CHRONOLOGICAL RECORD OF MEDICAL CARE

Detainee Information:

Name: 1437
Last First Middle

Control Number:

Date/Time of Detention:

Detainee Age:

Medical Record
STANDARD FORM 600 (REV. 6.97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USAPA V2 00

ACLU DDI CID ROI 28830

EXHIBIT 8
000024

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

AUTHORIZED FOR LOCAL REPRODUCTION

[illegible]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

Medical Record

STANDARD FORM 600 (REV. 6-97)

STANDARD FORM 32
Prescribed by GSA FPMR
FPMR (41 CFR) 201-10.6

USAPA 0210

1437
 Medical Record
 STANDARD FORM 600 (REV. 5-22-64)
 Prescribed by _____
 Date _____
 FURNISHED TO _____
 Date _____
 25831

EXHIBIT 000025

000025

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

ACI RDI 5487 p.23

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

AUTHORIZED FOR LOCAL REPRODUCTION

[illegible]

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record
STANDARD FORM 600 (REV. 6.97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USAPA V2 00

ACLU DDI CID ROI 28832
FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXHIBIT

000026

HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE
SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

TRAUMA FLOW SHEET		CO	
PROCEDURES	TIME	INITIALS	COMMENTS
AIRWAY			
ORAL / NASAL AIRWAY			
ENDOTRACHEAL TUBE # 7.0	1300		22 @ teeth
CRICOTHYROIDOTOMY			2 @ equal BS.
BREATHER			
OXYGEN 5 LPM	1252	1257	Intubated
PRAG VALVE MASK			
VENTILATOR			
NEEDLE THORACOSTOMY			
CHEST TUBE			
CIRCULATION			
AUTO TRANSFUSER			
FLUID INFUSER (WARMER)			
CENTRAL LINE C.R.			
IV CATHETER 18g L wrist	1255		
BLANKET WARMER			
CAVE	1335		
OTHER			
SPLINTS			
FOLEY CATHETER 20	1305		Clear amber urine
CT SCAN			

IV'S				MEDICATIONS			
TIME	TYPE	CONCENTRATION	DATE	CC'S INFUSED	INITIALS	TIME	ROUTE
1300						1300	IV
1305						1305	IV
1310						1310	IV
1315						1315	IV
1320						1320	IV
1325						1325	IV
1330						1330	IV
1335						1335	IV

BLOOD PRODUCTS					
TIME	COMPONENT	UNIT #	CC'S INFUSED	RN	RN

PATIENT'S IDENTIFICATION (Use this space for Mechanical Implant)	RECORDS MAINTAINED AT: Home Base	
	PAT(b)(6)	SEX: M
	TEN	RANK / GRADE
	SUPERVISORS NAME / RANK	ORGANIZATION / REF
	DATE ARRIVED AOR	SSN / IDENTIFICATION NO: 060501437

Trauma Flow Sheet Page 3
REV 1-45
CHRONOLOGICAL RECORD OF MEDICAL CARE : STANDARD FORM 1-45
Prescribed by and FIRM (4) C 1-45

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

History

Symptoms: *unrec*

Allergies: ☐ NKDA

Medications: *unknown*

Past Medical History: ☐ IP: *unknown*

Last meal:

Events leading up to incident:

PT walking to bathroom, looked confused & slurred speech, started wobbling. Went out close severe HA & dizziness prior (to interpreter)

Labs:

☐ U/A: Blood ☐ Pos ☐ Neg
☐ Na⁺: *139* K⁺: *4.2* Glu: *152* Hct: *44* Hgb: *13.9*
☐ ABG: pH: *7.318* PO₂: *271* PO₂: *66*
☐ Cr:
☐ hCG: ☐ Pos ☐ Neg

X-Rays:

☐ C-spine:
☒ Chest: *7 cm above umbilicus*
☐ Abdomen: *ETT inserted 2-3 cm*
☐ Pelvis:
☐ Other: *to 24 @ teeth*

FAST Exam:

Fluid seen: ☐ None
☐ Pericardium
☐ RLO (Morrison's pouch and paracolic gutter)
☐ LLO (spleno-renal recess and paracolic gutter)
☐ Suprapubic (Douglas' pouch)

Prophylactic antibiotics:

☐ Levaglin 500 mg IV
☐ Unesyn 3 g IV

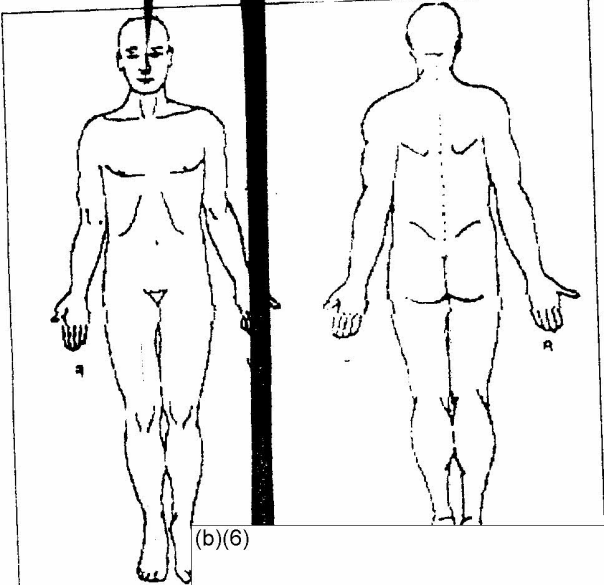
Tetanus Prophylaxis:

☐ Up to date
☐ Tetanus toxoid 0.5 ml IM

Unknown

Diagnoses:

likely hemorrhagic stroke



(b)(6)

Physician Signature

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

RECORDS MAINTAINED AT:

Home Base

PATIENT'S NAME

(b)(6)

SEX

TENT NUMBER

RANK / GRADE

SUPERVISORS NAME / RANK

ORGANIZATION HERE

DATE ARRIVED AOR

SSN/IDENTIFICATION NO
360501437

DATE OF BIRTH

Trauma Flow sheet Page
REV 1 20 Jun 04

CHRONOLOGICAL RECORD OF MEDICAL CARE : STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and JCM/ FIRM (41 CFR) 201-46.50

ACLU DDI CID ROI 28834

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0234 05 CID259-34 5

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

447 AEG/EMEDS, Baghdad, Iraq
Trauma Flow Sheet

Date/Time arrived: 1250

Bed Number: 1

Primary Survey		Observations/Interventions/Notes
Airway	<input type="checkbox"/> Patent	↓ gag Not handling secretions No response to pain
C-Spine	<input checked="" type="checkbox"/> C-collar <input type="checkbox"/> Backboard	
Breathing	<input checked="" type="checkbox"/> Unlabored	
Circulation	<input checked="" type="checkbox"/> Spontaneous	
Disability	GCS: 13	

Vitals				
1250	152/81	74	32	96%

Secondary Survey		Observations/Interventions/Notes
HEENT	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> No hemotympanum <input checked="" type="checkbox"/> Zygoma intact <input checked="" type="checkbox"/> Nose intact <input checked="" type="checkbox"/> Maxilla intact <input checked="" type="checkbox"/> PEARL <input checked="" type="checkbox"/> EOM <input checked="" type="checkbox"/> TM intact bilat <input checked="" type="checkbox"/> No rhinorrhea <input checked="" type="checkbox"/> No otorrhea <input checked="" type="checkbox"/> No Battle's sign <input checked="" type="checkbox"/> No raccoon eyes <input checked="" type="checkbox"/> Mandible intact <input checked="" type="checkbox"/> Dentition intact	Bite lower lip R pupil 6 mm nonreactive L pupil 3 mm non react
Neck	<input type="checkbox"/> C-spine non-tender <input type="checkbox"/> No c-spine step-off <input type="checkbox"/> Trachea midline <input checked="" type="checkbox"/> No JVD	
Chest	<input type="checkbox"/> Equal expansion <input checked="" type="checkbox"/> Clavicles intact	
Lungs	<input checked="" type="checkbox"/> CTA <input checked="" type="checkbox"/> Breath sounds equal	
Heart	<input checked="" type="checkbox"/> RRR <input checked="" type="checkbox"/> Not muffled	
Upper Ext	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> Motor normal <input checked="" type="checkbox"/> Sensation intact <input checked="" type="checkbox"/> Radial pulse present <input checked="" type="checkbox"/> Grip normal <input checked="" type="checkbox"/> Capillary refill <2 sec	No spontaneous movements Unable to assess neuro MS
Abdomen/ Pelvis	<input checked="" type="checkbox"/> Soft NT <input checked="" type="checkbox"/> Bowel sounds present and normoactive <input checked="" type="checkbox"/> Pelvis stable	
Lower Ext	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> Motor normal <input checked="" type="checkbox"/> Sensation intact <input checked="" type="checkbox"/> DP or PT pulse present <input checked="" type="checkbox"/> Capillary refill <2 sec	
Back	<input checked="" type="checkbox"/> Atraumatic	
Rectal	<input type="checkbox"/> Normal rectal tone <input type="checkbox"/> Prostate not high-riding <input type="checkbox"/> No gross blood	
GU	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> No blood at urethral meatus <input type="checkbox"/> No incontinence (fecal or urine)	Urinary incontinence

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)	RECORDS MAINTAINED AT:	Home Base	
	PAT (b)(6)	SEX M	
	TEN	STATUS / SERVICE	RANK / GRADE
	SUPERVISORS NAME / RANK		ORGANIZATION HERE
	DATE ARRIVED AOR	SSN/IDENTIFICATION NO. 2605 01437	DATE OF BIRTH

Trauma Flow sheet Page 1
REV 120 Jun 04

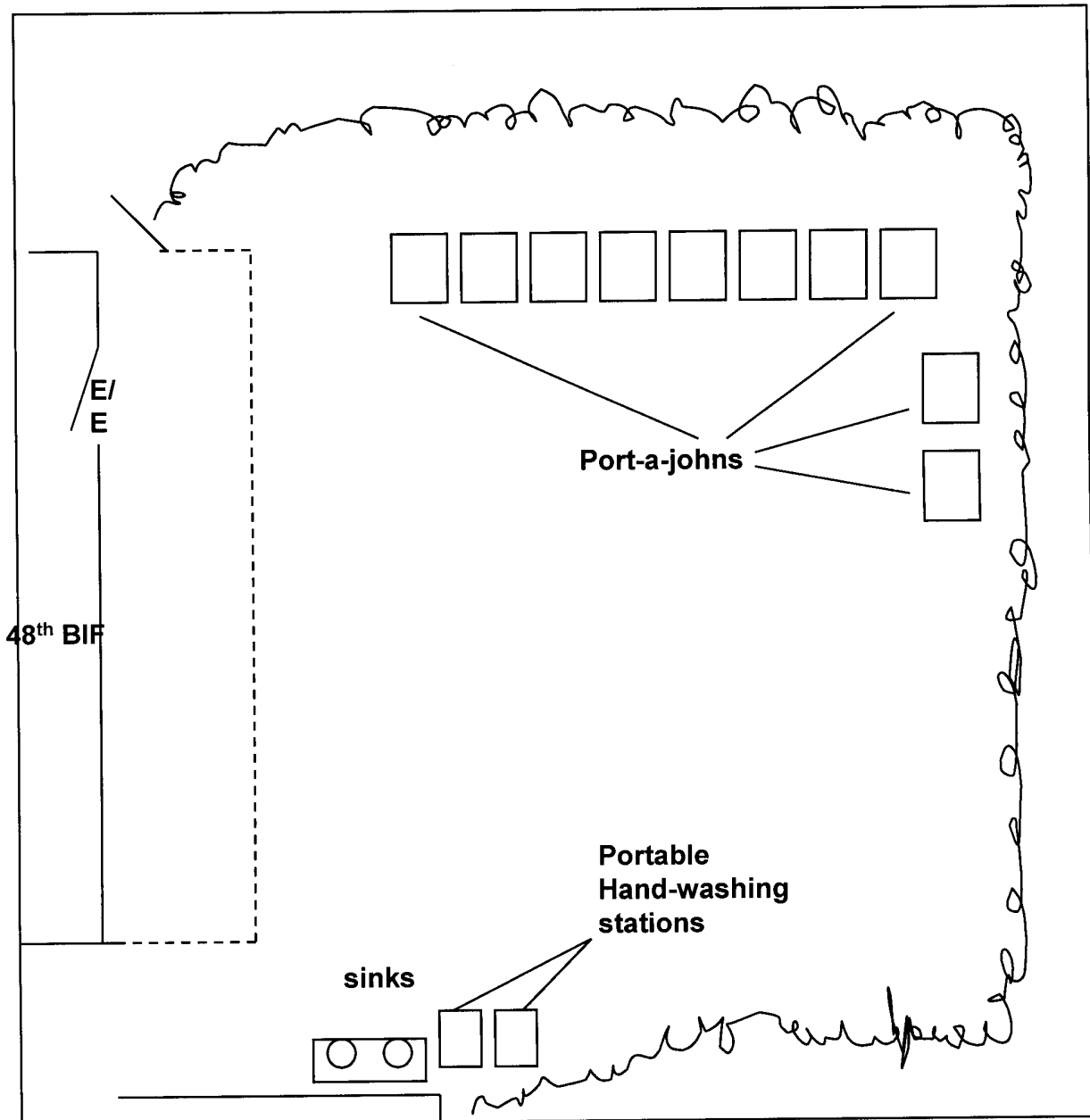
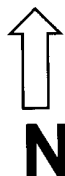
CHRONOLOGICAL RECORD OF MEDICAL CARE : STANDARD FORM (REV 5-84)
Prescribed by GSA and ICM
FIRM (41 CFR) 201.45.50

ACLU DDI CID ROI 28835

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

1425000029

ROUGH SKETCH DEPICTING MARFRA

LEGEND

NOT TO SCALE

TITLE BLOCK

Case Number: 0234-05-CID259-36335

Offense: Undetermined Death

Scene Portrayed: Bathroom Area 48th BIF

Location: Baghdad International Airport (BIAP)

Victim: Hammeed, Johar Nasir

Time and Date Began: 2000, 31 Aug 05

Sketched By: SA b(6), b(7)(C)

Verified By: SA b(6), b(7)(C)

For Official Use Only - Law Enforcement Sensitive EXHIBIT 36

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION BIF	2. DATE (YYYYMMDD) 050829	3. TIME 1304	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E4	
8. ORGANIZATION OR ADDRESS			

9. I, SPC b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At 12.15pm SPC b(6), b(7)(C) and I SPC b(6), b(7)(C)
Started a Marafa Run for The Detainees at the holding Cell.
while taking The detainees down The aisles to Marafa. I SPC b(6), b(7)(C)
Noticed The older detainee not looking well he was kind of
dizzy. So I put him on The end of the line. And asked
Sgt. b(6), b(7)(C) if he can get a medic to take a look at the
detainee. while the other detainees were finishing Marafa.
I took the Detainees while The Older detainee stayed
behind with the medic. nothing further. ///
/// End of Statement ///

10. EXHIBIT	11. INITIALS OF THE PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 3 PAGES
-------------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER
MUST BE BE INDICATED.

ACLU DDI CID ROI 28837

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0234 05 010250-36335

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF Spc **b(6), b(7)(C)** TAKEN AT 1304 DATED 05/08/30

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

b(6), b(7)(C)

ACLU DDI CID ROI 28838

PAGE 2 OF 3 PAGES

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0234 05 010259-36335

STATEMENT OF SPC. b(6), b(7)(C) TAKEN AT 1304 DATED 05/08/30

9. STATEMENT (Continued)

AFFIDAVIT

I, SPC. b(6), b(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE b(6), b(7)(C) FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR INTimidation.

b(6), b(7)(C)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 31 day of AUGUST, 05 at BIF

b(6), b(7)(C)

(Signature of Person Administering Oath)

b(6), b(7)(C)

(Signature of Person Administering Oath)

UCMJ ART 13.6 (b)(4)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

b(6), b(7)(C)

ACLU DDI CID ROI 28839

PAGE 3 OF 3 PAGES

FOR OFFICIAL USE ONLY

0234 05 010259-36335

Law Enforcement Sensitive

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48th BCT Lightning BIF	2. DATE (YYYYMMDD) 2005/08/29	3. TIME 1311	4. FILE NUMBER
5. b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E-4	
8. ORGANIZATION OR ADDRESS			

9. I, SPC **b(6), b(7)(C)**, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON or about 12:20 hrs I (SPC **b(6), b(7)(C)**) observed Detainee # B1437 moving slowly and walking with dizziness, myself and SPC **b(6), b(7)(C)** escorted Detainee # B1437 to medic's.

End of Statement

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF <u>2</u> PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER MUST BE INDICATED.

ACLU DDI CID ROI 28840

STATEMENT OF SPC b(6), b(7)(C) TAKEN AT 1311 DATED 2005/08/29

9. STATEMENT (Continued)

AFFIDAVIT

I, b(6), b(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS ON EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR

b(6), b(7)(C)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30TH day of AUGUST, 05 at BIF

b(6), b(7)(C)

(Signature of Person Administering Oath)

b(6), b(7)(C)

(Typed Name of Person Administering Oath)

UCMJ ART 15b(4)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

b(6), b(7)(C)

ACLU DDI CID ROI 28841

PAGE 2 OF 2 PAGES

FOR OFFICIAL USE ONLY
~~Law Enforcement Sensitive~~
SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48th Brigade Lightning BIF	2. DATE (YYYYMMDD) 2005/08/30	3. TIME 1600	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS O-3	
8. ORGANIZATION OR ADDRESS HHC 148th SB, BIF Camp Striker, Iraq APO AE 09372			

9. I, CPT b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 August 2005 at approximately 1230 hours, I was notified that detainee B#1437 suffered a medical condition and was being evacuated to EMEDS having convulsions. I received a brief from the (SOG) SSG b(6), b(7)(C) and SGT b(6), b(7)(C). Apparently, B#1437 began to show signs of disorientation, unbalance, and virtually passed out during a routine restroom break. A medic, SPC b(6), b(7)(C) and 2 guards SPC b(6), b(7)(C) and b(6), b(7)(C) went to EMEDS in an ambulance. I began notifications to the Provost Marshall, the BDE TOC, and requested for a replacement medic from the TMC. Shortly afterwards, SPC b(6), b(7)(C) and b(6), b(7)(C) came back and informed me that B#1437 suffered a stroke and now was being evacuated to the green zone. They retrieved copies of the detainee's packet and medical records and were to provide escort on the helicopter to the hospital in the green zone. Again, I made the necessary notifications.

Later, I received notice from SPC b(6), b(7)(C). He told me the detainee's medical condition had gotten worse and they would stay in the hospital facility in Balad overnight. He also indicated the detainee's chances for survival were low and may die. I made the necessary notifications.

END OF STATEMENT

10. EXHIBIT	11. INITIALS OF THE PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF <u>2</u> PAGES
-------------	--	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" EN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

FOR OFFICIAL USE ONLY

Law Enforcement Sensitive

STATEMENT OF CPT b(6), b(7)(C) TAKEN AT BIF DATED 2005/08/30

9. STATEMENT (Continued)

AFFIDAVIT

I, CPT b(6), b(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR b(6), b(7)(C) NT.

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

b(6), b(7)(C) (ing Statement)
Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, _____ at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)

ACLU DDI CID ROI 28843

PAGE 2 OF 4 PAGES

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48TH BCT LIGHTNING BIF	2. DATE (YYYYMMDD) 2005/08/30	3. TIME 1109	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS SGT	

8. ORGANIZATION OR ADDRESS

9. b(6), b(7)(C)
 I, SGT b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29/08/2005, at approx: 1220, I SGT b(6), b(7)(C) was outside in the rear of the facility near the portatoilets observing escort procedures. I observed Detainee (bravo number: 2/3-14-B1437) exit the porta toilet and walk towards the hand washing sinks. As Detainee 1347 walked toward the sinks, I noticed him swaying back and forward in a drunken manner. Being concerned that something might be wrong with Detainee 1347, I walked over to Detainee 1347 and he appeared almost incoherent as he walked toward the sinks. I escorted Detainee 1347 over to the sink to wash his hands and face. Afterward I tried to get Detainee 1347 to fill his water bottle; it appeared that Detainee 1347 had no hand /eye coordination as he allowed the water to run over his hands instead of inside the water bottle. At that point SPC b(6), b(7)(C) the duty medic, told SPC b(6), b(7)(C) and SPC b(6), b(7)(C) to bring him into the aid station because something is wrong with him. By the time SPC b(6), b(7)(C) and SPC b(6), b(7)(C) escorted Detainee 1347 to the aid station, Detainee 1347 passed out. SPC b(6), b(7)(C) and SPC b(6), b(7)(C) then carried Detainee 1347 into the aid station.////
 End of Statement b(6), b(7)(C)////

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 3 PAGES
-------------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER MUST BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF SGT b(6), b(7)(C) TAKEN AT 1109 DATED 05/08/30

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

b(6), b(7)(C)

ACLU DDI CID ROI 28845

PAGE 2 OF 3 PAGES

Law Enforcement Sensitive

STATEMENT OF

b(6), b(7)(C)

TAKEN AT

1109

DATED

05/08/30

9. STATEMENT (Continued)

AFFIDAVIT

I, b(6), b(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL

b(6), b(7)(C)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30TH day of August, 05, at BJE

b(6), b(7)(C)

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

b(6), b(7)(C)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

WLMJ ART 136 (b)(4)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

b(6), b(7)(C)

ACLU DDI CID ROI 28846

PAGE 3 OF 3 PAGES

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48th BCT Lightning BIF	2. DATE (YYYYMMDD) 2005/08/29	3. TIME 1311	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E4/SPC	
8. ORGANIZATION OR ADDRESS			

9. I, b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the 29th of August 2005 at 1015, I inprocessed a new detainee, Detainee 2/3-14-B1437. The doctor, CPT. b(6), b(7)(C) asked if he had any past medical conditions to which the detainee said he had old spenic and Colin problems. CPT. b(6), b(7)(C) asked if he had any medical allergies or has he been taking any medications and detainee #1437 said no. CPT. b(6), b(7)(C) also asked if he had any recent injuries and detainee #1437 said he had none. His blood pressure was 152/98, his pulse was 118, respirations was 16. After getting vitals from detainee #1437, I noted on his 600 that he had a bruise on his left eye and abrasions on his right shoulder and mid back. I then released him back to the guards as fit for confinement. At 1215 I went outside to smoke a cigarette and noted that detainee #1437 was a little confused. When he finished washing his hands he then turned around and stumbled around. He looked around and stumbled and almost fell. At that point I told the guards to bring him in my office because something was wrong. I had the guards lay him on the exam table and instructed one of the guards to go and get the translator. The translator came in and asked the detainee what was wrong and the detainee said he had an extreme head ache and the room was spinning. I checked his pulse and it was 65 also his breathing was shallow. I went to check his chart when he became unresponsive. I then tried to wake him to no effect. I then looked at his eyes and saw one was dilated the other was pinpointed. I then started to prep him to go to emeds when he vomited. We then put him on a stretcher and took him to emeds. At 1240 we arrived at emeds and turned him over to Dr. b(6), b(7)(C) ///-----
///-----End of Statement-----
///-----

10. EXHIBIT	11. INITIALS b(6), b(7)(C) NG STATEMENT	PAGE 1 OF 3 b(6), b(7)(C) PAGES
-------------	---	---------------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER MUST BE BE INDICATED.

ACLU DDI CID ROI 28847

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF SPC b(6), b(7)(C) TAKEN AT 1311 DATED 2005/08/29

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

ACLU RDI CID ROI 28848

PAGE 2 OF 3 PAGES

Law Enforcement Sensitive

STATEMENT OF

SPC b(6), b(7)(C)

TAKEN AT

1311

DATED

2005/08/29

9. STATEMENT (Continued)

AFFIDAVIT

I, SPC b(6), b(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

b(6), b(7)(C)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30th day of August, 05 at BIF

b(6), b(7)(C)

(Signature of Person Administering Oath)

b(6), b(7)(C)

(Typed Name of Person Administering Oath)

UCMJ ART 136 (b)(4)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

b(6), b(7)(C) ACLU RDI CID RO128849

PAGE 3 OF 3 PAGES

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT		ROI NUMBER (0152-05-CID112) 0234-05-CID259-36335	
CID Regulation 195-1		PAGE 1 OF 2 PAGE	
<p>DETAILS</p> <p>About 0900, 1 Sep 05, this office received a Category 1 request for assistance (RFA) to attend the autopsy of Detainee HAMEED, 48th Brigade Combat Team Brigade Internment Facility (BIF). Further, this office was requested to obtain the Autopsy Report, photographs, fingerprints, and any additional evidence identified. Detainee HAMEED reportedly passed away at 0210, 31 Aug 05, while in the care of Air Force Theater Hospital (AFTH), Logistical Support Area Anaconda (LSAA), Balad, Iraq, APO AE 09391.</p> <p>This is an "Operation Iraqi Freedom 2004-2006" Investigation.</p> <p>About 0700, 6 Sep 05, this office was notified by MSG b(6), b(7)(C) b(6), b(7)(C) USA, Investigative Operations, Operational Investigations, Office of the Armed Forces Medical Examiner, Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Building 102, Rockville, MD 20850, that the remains of Detainee HAMEED had arrived at Dover Air Force Base (DAFB), DE 19902, and the autopsy would be conducted later that morning.</p> <p>About 1230, 6 Sep 05, SA b(6), b(7)(C) attended the autopsy of Detainee HAMEED (ME 05-835), which was conducted by Dr. (MAJ) b(6), b(7)(C) b(6), b(7)(C) USA, Deputy Medical Examiner, Office of the Armed Forces Medical Examiner (OAFME), Rockville, MD 20850. Dr. b(6), b(7)(C) opined that the preliminary Cause and Manner of Death would be listed as pending, due to ongoing toxicology tests. Photographers from OAFME exposed digital photographs of the autopsy and prepared a compact disk containing all images exposed. A copy of the compact disk (CD) containing those images was obtained. Latent Print Examiners of the Latent Print Unit, Federal Bureau of Investigation (FBI), Quantico, VA, obtained a ten-block fingerprint card of Detainee HAMEED, and subsequently provided a copy of the card to SA b(6), b(7)(C). No additional evidence was identified during the autopsy of Detainee HAMEED. (See Photo CD/Copy of Major Case Prints of Detainee HAMEED)</p> <p>AGENT'S COMMENT: The official results of the autopsy will be documented in the Final Autopsy Report, which will be posted when completed, to the Army Knowledge Online (AKO), by SA b(6), b(7)(C), b(7)(F) Operational</p>			
TYPED AGENT'S NAME AND SEQUENCE NUMBER SA b(6), b(7)(C), b(7)(F)		ORGANIZATION Aberdeen Proving Ground Resident Agency Aberdeen Proving Ground, MD 21005	
b(6), b(7)(C)		DATE 6 Sep 05	EXHIBIT 15

ACLU DDI CID ROI 28850

FOR OFFICIAL USE ONLY

AGENT'S INVESTIGATION REPORT		ROI NUMBER (0152-05-CID112) 0234-05-CID259-36335	
CID Regulation 195-1		PAGE 2 OF 2 PAGE	
<p>DETAILS</p> <p>Investigations, OAFME, AFIP, 1413 Research Blvd, Building 102, Rockville, MD 20850.///Last Entry///</p>			
TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)		ORGANIZATION Aberdeen Proving Ground Resident Agency Aberdeen Proving Ground, MD 21005	
S (b)(6), b(7)(C)		DATE 6 Sep 05	EXHIBIT 15

FOR OFFICIAL USE ONLY – LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0234-05-CID259-36335

PAGE 1 OF 1 PAGES

DETAILS

On 14 Sep 05, SA (b)(6), (b)(7)(C) received a copy of the 15-6 investigation regarding Mr. HAMMEED's death from CPT (b)(6), (b)(7)(C) HHC, 48th BCT, Camp Striker, IZ. (See 15-6 Report for details)
///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA

(b)(6), (b)(7)(C), (b)(7)(F)

SIGNATURE

ORGANIZATION

76th MP Det (CID) (FWD)
Camp Slayer, Iraq APO AE 09342

DATE

14 Sep 05

EXHIBIT

17

CID FORM 94

1 FEB 77

ACLU DDI CID ROI 28929

ACLU-RDI 5487 p.44 FOR OFFICIAL USE ONLY – LAW ENFORCEMENT SENSITIVE

000122

EXHIBIT 18

Page(s) 000123 thru 000194 referred to

OFFICE OF THE JUDGE ADVOCATE
GENERAL
FOIA PUBLIC LIAISON
ATTENTION: DAJA-AL
1777 NORTH KENT
10TH FLOOR
ROSSLYN, VA 22209

ACLU DDI CID ROI 28930

05-147
48BCT



Office of the Staff Judge Advocate
AR 15-6 INVESTIGATION CONTROL SHEET



NAME OF IO: (b) (6)

UNIT: 48BCT BIF

DATE OF INCIDENT: 31 August 2005

DATE OF APPOINTMENT: 03 September 2005

SYNOPSIS: Detainee B1437, Nasir Hammed Johar, while in custody of the 48th Bde passed away a 0210 hours 31 August 2005 in the Army Medical facility in Balad, Iraq. Johar collapsed after using the latrine at the 48th Bde BIF located at west BIAP and was diagnosed with a likely hemorrhagic stroke on 29 August 2005, immediately following diagnosis he was transported to the medical facility in Balad.

IO RECOMMENDATION: All appropriate procedures were followed and BIF personnel should continue to follow established SOPs. BIF personnel should undergo periodic training involving detainee casualties.

DATE: 06 September 2005

CO CDR RECOMMENDATION (if applicable):

DATE:

SJA RECOMMENDATION: *No-obj*

(b) (6)

DATE: 7 SEP 05

BCT CSM RECOMMENDATION (if applicable):

DATE:

BCT CDR DECISION:

DATE:

RETURNED TO OSJA DATE:

SENT TO DIV BY OSJA DATE:

ACLU DDI CID ROI 28931

EXECUTIVE SUMMARY

1. SITUATION- Detainee B1437, Nasir Hammed Johar, while in custody of the 48th Bde passed away a 0210 hours 31 August 2005 in the Army Medical facility in Balad, Iraq. Johar collapsed after using the latrine at the 48th Bde BIF located at west BIAP and was diagnosed with a likely hemorrhagic stroke on 29 August 2005, immediately following diagnosis he was transported to the medical facility in Balad.
2. INVESTIGATION- On 02 September 2005, (b) (6) was verbally appointed to be the Investigating Officer. On 03 September 2005, (b) (6) began his investigation. The detainee did not collapse because of the quick reaction from the guards who intervened and took him to medical care.
3. RECOMMENDATION- All appropriate procedures were followed and BIF personnel should continue to follow established SOPs. BIF personnel should undergo periodic training involving detainee casualties.

(b) (6)



ACLU DDI CID ROI 28932

48th Brigade Combat Team
Office of the Staff Judge Advocate



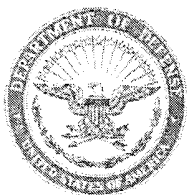
Confidential Documents
for

(b)(6)

ACLU DDI CID ROI 28933

Law Enforcement Sensitive
FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0234 05 CID259-36335



DEPARTMENT OF THE ARMY
HEADQUARTERS, 48th BRIGADE COMBAT TEAM
3RD INFANTRY DIVISION
CAMP STRIKER, IRAQ
APO AE 09372



GAHQ-SJA

6 September 2005

MEMORANDUM FOR Commander, 48th Brigade Combat Team

(b) (5)

ACLU DDI CID ROI 28934

ACLU-RDI 5487 p.49

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXHIBIT 18
000126

(b) (5)



ACLU DDI CID ROI 28935

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by (b)(6) (Appointing authority)

on 3 September 2005 (Date) (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

SECTION II - SESSIONS

The (investigation) ~~board~~ commenced at Camp Stryker, Iraq (Place) at 0915 (Time)

on 4 September 2005 (Date) (If a formal board met for more than one session, check here ☐. Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) ~~board~~ finished gathering/hearing evidence at 0830 (Time) on 6 September 2005 (Date)

and completed findings and recommendations at 1100 hrs (Time) on 6 September 2005 (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES

	YES	NO ¹	NA ²
1. Inclosures (para 3-15, AR 15-6)			
Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)	X		
a. The letter of appointment or a summary of oral appointment data?			X
b. Copy of notice to respondent, if any? (See item 9, below)			X
c. Other correspondence with respondent or counsel, if any?			X
d. All other written communications to or from the appointing authority?			X
e. Privacy Act Statements (Certificate, if statement provided orally)?			X
f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?			X
g. Information as to sessions of a formal board not included on page 1 of this report?			X
h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?			X

FOOTNOTES: 1. Explain all negative answers on an attached sheet.
2. Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

ACLU DDI CID ROI 28936

	YES	NO ^{1/}	NA ^{2/}
2 Exhibits (para 3-16, AR 15-6)			
a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X		
b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X		
c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	X		
d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?	X		
e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?			X
f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	X		
g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?			X
3 Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?			X
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)			
4 At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?			
5 Was a quorum present at every session of the board (para 5-2b, AR 15-6)?			
6 Was each absence of any member properly excused (para 5-2a, AR 15-6)?			
7 Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?			
8 If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?			
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)			
9 Notice to respondents (para 5-5, AR 15-6):			
a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
b. Was the date of delivery at least five working days prior to the first session of the board?			
c. Does each letter of notification indicate —			
(1) the date, hour, and place of the first session of the board concerning that respondent?			
(2) the matter to be investigated, including specific allegations against the respondent, if any?			
(3) the respondent's rights with regard to counsel?			
(4) the name and address of each witness expected to be called by the recorder?			
(5) the respondent's rights to be present, present evidence, and call witnesses?			
d. Was the respondent provided a copy of all unclassified documents in the case file?			
e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10 If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):			
a. Was he properly notified (para 5-5, AR 15-6)?			
b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4e, AR 15-6)?			
11 Counsel (para 5-6, AR 15-6):			
a. Was each respondent represented by counsel?			
Name and business address of counsel:			
(If counsel is a lawyer, check here <input type="checkbox"/>)			
b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?			
12 If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):			
a. Was the challenge properly denied and by the appropriate officer?			
b. Did each member successfully challenged cease to participate in the proceedings?			
13 Was the respondent given an opportunity to (para 5-8a, AR 15-6):			
a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
b. Examine and object to the introduction of real and documentary evidence, including written statements?			
c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
d. Call witnesses and otherwise introduce evidence?			
e. Testify as a witness?			
f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?			
14 If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?			
15 Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?			

FOOTNOTES: 1/ Explain all negative answers on an attached sheet.
2/ Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

SECTION IV - FINDINGS (para 3-10, AR 15-6)

The (investigating officer) (~~board~~), having carefully considered the evidence, finds:

//////////SEE ATTACHED//////////

SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)

In view of the above findings, the (investigating officer) (~~board~~) recommends:

//////////SEE ATTACHED//////////

SECTION VI - AUTHENTICATION (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

(Recorder)

(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

(b)(6)

Commanding

ACLU DDI CID ROI 28939

USAPA V1.20



48 BCT Commander's 15-6 Worksheet

(b)(6)

Commanding

ACLU DDI CID ROI 28940



DEPARTMENT OF THE ARMY
148TH SUPPORT BATTALION
CAMP STRYKER, IRAQ
APO AE 09372

REPLY TO
ATTENTION OF:

GASB-ADJ

4 September 2005

MEMORANDUM FOR RECORD

SUBJECT: AR 15-6 Investigation and Recommendation, 48th Brigade Interrogation Facility
Detainee #1437 Illness on 29 August 2005 and Subsequent Death on 31 August 2005

1. Summary of Facts (Continuation of Section IV, DA Form 1574)

This 15-6 Investigation and report is a result of Nasir Hammed Johar's death after incarceration at the 48th Brigade Combat Team Interrogation Facility (BIF). Johar, a 65 year old male, was captured by Special Forces soldiers and brought to the BIF at (according to (b) (6)) approximately 0500. Johar was then placed into a "holding" Cell until approximately 1015 hours. *Note -- Placing detainees into the holding cell is standard procedure until the medical staff performs a medical interview and exam.

The following facts concerning this incident are based solely on interviews and witness statements. At 1015 hours Johar was interviewed and given a medical examination by (b) (6) Company C, 148th SPT BN. The medical exam and interview was performed IAW BIF medical SOP in the presence of an interpreter (See Exhibit A). During personal interview, (See Exhibit B) (b) (6) said that Johar did have the following injuries:

- a. Bruises to Right Cheek
- b. Small abrasions to the back and left bicep
- c. A healing laceration to left ankle

Additionally, Johar stated to (b) (6) that he had previously been diagnosed with hypertension and spleen abnormalities. His vital signs were as follows:

- a. Height: 66
- b. Weight: 150
- c. Blood Pressure: 152/98
- d. Pulse Rate: 118

During the medical interview Johar did not request any additional medical assistance nor did he state that he currently had any problems. Johar denied that he was currently taking medications for the above stated history of hypertension and spleen abnormalities. Based on the facts that there were no major visible injuries and the statements from Johar, (b) (6) medically cleared him for interrogation.

While awaiting interrogation, at 1215 Hrs, Johar, along with other detainees, was taken outside to "marafa" (use the porta potties) by (b) (6) and (b) (6). (b) (6) and (b) (6) were also standing by observing. When Johar exited the porta potties, (b) (6) states that Johar was stumbling and looked confused. (b) (6) described to me during a

ACLU DDI CID ROI 28941

GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48th Brigade Interment Facility
Detainee #1437 Illness on 29 August 2005 and Subsequent Death on 31 August 2005

personal interview that Johar "acted as if he were drunk at one of his college parties." (See Exhibit C) (b) (6) described to me that Johar was trying to wash his hand but couldn't manage to get his hands under the water. "It was like his entire coordination was gone," (b) (6) said. At that time, (b) (6) decided that Johar needed medical attention and started helping Johar to the medic station. But by the time they arrived in the exam room (b) (6) and (b) (6) were almost carrying Johar. At the medic station (b) (6) Company C, 148th SPT BN attended to Johar. After several attempts to get Johar to respond, (b) (6) made the decision to take Johar to E-MEDs. He was taken there by (b) (6) and (b) (6) Upon arrival at E-MEDs, (b) (6) was told that Johar would be transported to the medical facility at BILAD. According to paragraph 1b, BIF Medical SOP, a guard must accompany any detainee that is sent for higher levels of care. It was decided that (b) (6) and (b) (6) would escort Johar to BILAD.

Upon arrival, (b) (6) and (b) (6) were informed by the attending physician that Johar "had blood in his brain and there was nothing they could do and the detainee would die." Both (b) (6) and (b) (6) were instructed by the medical staff at BILAD that they would be required to stay with Johar until he died. Johar passed away at 0144 Hrs on 31 August 2005. He was pronounced dead, due to an Hemorrhagic Stroke by (b) (6) MD. Johar's body was transported to Dover, Delaware as order by (b) (6) (48th MP DET). Autopsy results are still pending.

2. Findings of Facts (Section IV – Findings)

This investigation required that I interview several witnesses questioning their actions on 29 August 2005, the day Nasir Hammed Johar arrived at the 48th BCT Interrogation Facility.

There is a Medical SOP in place and it was followed exactly. (b) (6) was the first to perform a medical assessment/interview on Johar. Based on his professional medical assessment as well as the answers to medical question (b) (6) found no reason to segregate Johar from the general population as he did not complain of any medical issues.

The guard personnel as well the medic on duty responded to the medical emergency in a timely and appropriate manner.

Guard personnel followed the established medical SOP and remained with Johar until his death on 31 August 2005.

Johar's body was released to (b) (6) 246th QM Co (MA) and flown to Dover, Delaware for autopsy.

Autopsy results are not available at this time.

No further investigation required.

2
ACLU DDI CID ROI 28942

GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48th Brigade Interment Facility
Detainee #1437 Illness on 29 August 2005 and Subsequent Death on 31 August 2005

Exhibits:

- a. SOP for Medical Care at the 48th BCT BIF
- b. Statement and interview from (b) (6)
- c. Statement and interview from (b) (6)
- d. Statement from (b) (6)
- e. Statement from (b) (6)
- f. Statement from (b) (6)
- g. Statement from (b) (6)
- h. Statement from (b) (6)
- i. Statement from (b) (6)
- j. Initial report of medical screening
- k. Report of medical care from EMEDS
- l. SIR/CCIR and treatment statement from BALAD medical facility
- m. Death Certificate
- n. Transfer of Remains (DD Form 1075)

3. Answers to questions raised in the appointment letter:

Exact Chronology of Events

Timeline of events:

- a. Approx 0500 Hrs, 29 Aug 05, Johar arrives at BIF
- b. 1015 Hrs 29 Aug 05, Johar receives medical screening
- c. 1215 Hrs, 29 Aug 05, Johar is acting dazed and confused while outside using the porta pottie
- d. 1250 Hrs, 29 Aug 05, Johar arrives at EMEDs
- e. Approx 1400 Hrs 29 Aug 05, Johar was flown to Balad, escorted by (b) (6) and (b) (6)
- f. 1450 Hrs, 29 Aug 05, Johar was admitted into the Intensive Care Unit at the Balad Medical facility.
- g. 0144 Hrs, 31 Aug 05, Johar died of a Hemorrhagic Stroke.

Detainee's Name: Nasir Hammed Johar

Cause of Death: Hemorrhagic Stroke

Detainee's medical condition after Collapsing? The detainee did not collapse because of the quick reaction from the guards, (b) (6) and (b) (6). The detainee was confused and would have collapsed if (b) (6) and (b) (6) hadn't intervened and taken him to medical care. Upon arrival at the Balad Medical facility Johar was very seriously ill.

3
ACLU DDI CID ROI 28943

GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48th Brigade Interment Facility
Detainee #1437 Illness on 29 August 2005 and Subsequent Death on 31 August 2005

Detainee's medical condition upon arriving at the BIF? Bruises to Right Cheek, Small abrasions to the back and left bicep, A healing laceration to left ankle. Additionally, Johar stated to (b) (6) that he had previously been diagnosed with hypertension and spleen abnormalities. His vital signs were as follows:

- a. Age: 65
- b. Height: 66
- c. Weight: 150
- d. Blood Pressure: 152/98
- e. Pulse Rate: 118

Medical Personnel Involved. (b) (6) PA/C performed the initial medical assessment IAW established medical SOP. (b) (6) performed the emergency treatment and made the decision to transport the detainee to EMEDs. This was all performed IAW established SOP.

Medical Personnel while at Balad. The attending physician was (b) (6) MD

Autopsy Reports? Not available. The detainee's body was transported to Dover, DE for the autopsy.

When/Who took possession of Johar's body? (b) (6) 246th QM Co (MA) took possession of Johar's remains at 0300 31 August 2005.

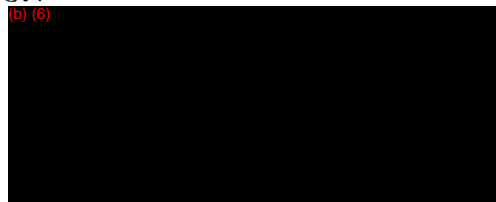
Applicable SOPs? See Exhibit A

Were the appropriate procedures followed to report the incident? Yes, (b) (6) (b) (6) immediately notified the 48th BCT Provost Marshall, the BCT TOC and gathered the appropriate statements from all personnel who were involved as well as the guards who witnessed the event.

4. Recommendations (Section V)

Recommend all BIF personnel continue to follow established SOP.

Recommend BIF personnel undergo periodic training involving detainee casualties. This would reinforce compliance with established SOP.



4
ACLU DDI CID ROI 28944

Law Enforcement Sensitive

0234 05 CID 259-36335

[illegible]

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

Enforcement Sensitive
ACLU DDI CID ROI 28945

EXHIBIT 78
8045



FOR OFFICIAL USE ONLY 0234 05 CID 259-36335
Law Enforcement Sensitive

HEADQUARTERS
48th BRIGADE COMBAT TEAM, 3rd INFANTRY DIVISION
CAMP STRIKER, BAGHDAD
APO, AE 09372

S: 06 September 2005

GAHQ-SJA

03 September 2005

MEMORANDUM FOR (b) (6) HHC 148th SB

SUBJECT: Appointment as 15-6 Investigating Officer

1. You are hereby appointed as an investigating officer to conduct an investigation pursuant to AR 15-6, paragraph 2-1(a)(3) to investigate the facts and circumstances of the death of detainee B1437, on or about 310210AUG05, at the 48th Brigade Interrogation Facility. You are to make specific findings and recommendations concerning the incident and any actions taken by the element. Until the investigation is completed, this will be your primary duty.
2. Your investigation will include, but not be limited to, determining the following:
 - a. The exact chronology of events leading to and through the reporting of the matter;
 - b. A timeline of the Investigating Officer's activities from receipt of the appointment letter to completion of investigation;
 - c. What was the name of the detainee;
 - d. What caused the death of the detainee;
 - e. After collapsing, what was the detainee's medical condition? What was the detainee's condition upon arrival at the medical facility in Balad, Iraq?
 - f. Particular questions in regard to the detainee: What was his medical condition upon arrival at the BIF? Did he have any obvious wounds or ailments? What was the detainee's age, height, and weight?
 - g. Who, if any, were the medical personnel involved in the detainee treatment (both initial and emergency) while at the BIF;
 - h. Who were the medical personnel involved in the detainee's medical treatment upon arrival at the Army Medical Facility located in Balad, Iraq;
 - i. Are there any autopsy reports or coroner's reports available;
 - j. When and who took possession of Nasir Hammed Johar's body;
 - k. What are the applicable SOPs for dealing with detainee operations; and
 - l. Were appropriate procedures followed to report the incident?

ACLU DDI CID ROI 28946

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

GAHQ-SJA

SUBJECT: Appointment as 15-6 Investigating Officer

3. You will use informal procedures under AR 15-6, Chapter 4. If, during your investigation, you suspect that persons you intend to interview may have violated any provision of the Uniform Code of Military Justice (UCMJ) or any other criminal law, you must advise them of their rights under the UCMJ, Article 31 as documented on DA Form 3881. Witness statements should be sworn and recorded on DA Form 2823.
4. Prepare the report of proceedings on DA Form 1574 and submit the original to me no later than the suspense date. You must submit any requests for delay to me in writing. Include with your report all documentary evidence, sworn statements, and other information or evidence you considered.
5. Before proceeding with the investigation, you must contact _____ at the Brigade Annex for an initial legal briefing. _____ will serve as your primary legal advisor and can be reached at VOIP _____
6. By virtue of your appointment, you may direct the assistance of personnel with special technical knowledge to assist or advise you during your investigation. Requests should be coordinated through your legal advisor.
7. If during the course of your investigation you discover systemic training, maintenance, and/or equipment design deficiencies that potentially caused or contributed to the incident under investigation, you will immediately contact your legal advisor for further guidance.

(b)(6)

Commanding**ACLU DDI CID ROI 28947**

EXHIBIT INDEX

- A. Standard Operating Procedures for Medical Care, 48th BCT Brigade Interigation Facility dated 22 July 2005 from Company C, 148th Support Battalion
- B. DA 2823-Sworn Statement from (b) (6) dated 04 September 2005 and Interview with (b) (6) dated 04 September 2005
- C. DA 2823-Sworn Statement from (b) (6) dated 03 September 2005 and Interview with (b) (6) dated 04 September 2005
- D. DA 2823-Sworn Statement from (b) (6) dated 03 September 2005
- E. DA 2823-Sworn Statement from (b) (6) dated 29 August 2005
- F. DA 2823-Sworn Statement from (b) (6) dated 30 August 2005
- G. DA 2823-Sworn Statement from (b) (6) dated 29 August 2005
- H. DA 2823-Sworn Statement from (b) (6) dated 29 August 2005
- I. DA 2823-Sworn Statement from (b) (6) dated 30 August 2005
- J. SF 600-Chronological Record of Medical Care from (b) (6) dated 29 August 2005 (initial screening)
- K. SF 600-Chronological Record of Medical Care from EMEDS
- L. SIR/CCIR
- M. DA 2064-Certificate of Death (Overseas) for Nasir Hammed Johar dated 31 August 2005
- N. DD 1075-Convoy List of Remains of Deceased Personnel for Nasir Hammed Johar dated 31 August 2005

ACLU DDI CID ROI 28948

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

Exhibit A

ACLU DDI CID ROI 28949

DEPARTMENT OF THE ARMY

Charlie Company, 148th Support Battalion
48th Brigade Combat Team
Camp Striker, Iraq APO AE 09372

22 JUL 05

RE: STANDARD OPERATING PROCEDURES FOR MEDICAL CARE, 48th BCT BIF.

I. GENERAL

- a. The medical clinic at the 48th BCT Brigade Internment Facility (BIF) is a level I treatment facility that is manned continuously by two 91W's of C 148th Medical Company. A licensed provider (physician or physician's assistant) attends the clinic daily in order to supervise and conduct admission and discharge exams, perform sick call and is available 24/7 for emergency consultation. An Arabic interpreter is available daily to facilitate communication for the medical care provided. MNC-1 as well as DIV guidelines are in practice and incorporated into this SOP.
- b. All detainees receive an admission physical performed by the in house clinic medic within one hour of in-processing to the facility and will be examined by the provider in no more than 12 hours after in-process is completed. An admission weight, heart rate, blood pressure, respiratory and general physical exam will be conducted and annotated on a SF 600 medical screening form with statement of any admission finding either chronic or acute. All identifying marks, abrasions, lacerations, wounds, tattoos or bruises will be recorded as well. All concern of injuries or medical conditions that may affect life, limb or eyesight to include but not limited to an unconscious or unresponsive detainee, severe hemorrhage or seizures will be assessed and documented. The provider will be contacted and available to assess the patient within 60 minutes of discovery of urgent or emergent medical conditions. In the event the provider is unavailable or unable to be contacted via electronic/telephonic means the medic is authorized to EVAC the patient to the nearest level II or III facility for medical consultation. BIF guard personnel will accompany all detainees forwarded for higher levels of medical care. All previous medical conditions and medications that the detainee has been taking prior to detention will be annotated on the SF 600 and re-evaluation and treatment of these conditions will be conducted by the provider with continuation of treatment determined on an individual patient basis.
- c. All acute trauma, as listed above, will be noted on the SF 600. The detainee will be questioned on the mechanism and individual or group that caused the injury. Questioning will be conducted with open-ended query. Both the question and response will be noted on the SF 600. Photo-documentation and a report will then be forwarded through the BIF administrative and medical chain-of command (OIC of the BIF and the BDE surgeon). All detainees claiming physical abuse will be photographed regardless of physical signs.
- d. Previously prescribed medications that accompany the detainee on admission to the BIF will not be used unless equivalent US Army formulary medications are unavailable. The provider may deem it necessary to utilize the medication in order to prevent deterioration of the detainee's medical condition until an equivalent US Army formulary medication can be obtained.
- e. The SF 600 must be completed prior to MI interrogation and will be kept in a medical file secured in the clinic. SF 600's completed by the medic or provider of the capturing unit, prior to BIF admission, will be removed from the detainee packet and kept in the medical record, secured in the BIF clinic. Only BIF medical staff will have access to the detainee health records.

Page 1 of 6

ACLU DDI CID ROI 28950

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

- f. The medical staff will document "medically cleared for interrogation" documentation for the MI staff prior to interrogation or any list of restrictions based on the detainee's prior medical history and physical examination. This document will be included in the detainee-processing packet.
- g. Specific medical information is protected under HIPPA guidelines unless a potential complicating factor to the interrogation process or detention facility is identified by the BIF provider.
- h. Extraordinary care (e.g.: increased access to bathroom for those with systemic disease), will be noted on the Request for Exception to Commander's Policy on the "Treatment of Detainees" form and forwarded to the SOG and/or OIC of the BIF facility. This information will be provided to the guard team in order to assure appropriate and timely care.
- i. Sick Call: Daily Sick Call will be conducted by the medical provider and interpreter between 0800 and 1200 hours depending on census, unless delayed by mission essential tasks. The provider and interpreter, if available, with stop at each detainee cell to ask if there are medical complaints, issues or questions. Only detainees with these issues, complaints etc will be encountered unless it is determined by the provider that there are others to be addressed. The remainder of detainees in that cell will turn and face the outside wall with hands against the wall to maintain order and patient privacy. Once each concerned detainee is addressed the remainder will follow in succession until all with issues have been addressed. Admission medical history (past medical history, current medications, allergies etc) is also accomplished at this time for the new detainees. Once completed with all cells, the provider submits a list of detainees to the guard team requiring further evaluation within the clinic. The detainee will be accompanied by a guard during all clinic exams. All physical encounters are recorded on the detainee SF 600. Medical orders (medications, phlebotomy, lab and dressing changes) are placed in the medical order book to be completed by the medic and signed off with date, time, and the medic's initials. If the provider is delayed in reporting to the clinic, the in house medic and interpreter will conduct sick call to identify all medical issues and later notify the provider of concerns. The medic and provider are available 24/7 for all the medical issues identified by the guards or raised by the detainee. Medical triage by the 91W will occur within 10 minutes of the identified concern.
- j. Documentation of care provided during detention will be placed on the SF 600 or a continuation sheet of the same. This includes sick call evaluation, serial blood pressure checks, glucose checks and labs to include urine dipstick results. A separate provider order book is maintained in the clinic for documentation of medical orders, to include but not limited to, medications, serial blood sugar measurements, UA requests, phlebotomy, and BP checks. Once completed the medic will sign off on completed orders with the date, time, and his initials. Repeat weight measurement will be conducted on any detainee that exceeds 30 days of internment or for any medical condition.
- k. Discharge: A "detainee discharge/transfer" physical examination must be completed within 24 hours prior to discharge or transfer from the BIF. It is documented on the SF 600 or continuation sheet. It is the BIF chain of command's responsibility to notify the clinic personnel of pending discharges or transfers in a timely manner. All detainees will be questioned about physical abuse and neglect during their period of internment. All positive or negative responses will be recorded. The BIF medical staff will examine detainees for evidence of abuse not found at admission. Any physical evidence to include, but not limited to, new marks, wounds or bruising will be photo-documented and annotated on the detainees SF600. Evidence or claim of abuse will be reported to the provider, BIF commander and Brigade Surgeon. Re-examination by the provider will be done prior to discharge or transfer of the detainee. The original SF 600 to include a summary of care, when appropriate, will be forwarded to the gaining facility with a copy kept in a secured medical filing cabinet located in the BIF clinic. The folder and all SF 600's will be identified with the full alphanumeric detainee serial number and name. 72 hours of medication and pertinent instruction for use will also be provided to the detainee on transfer or release.

Page 2 of 6

ACLU DDI CID ROI 28951

- l. A copy of the SF 600 and any continuation sheet must be maintained by the clinic. These records must be retired upon redeployment of the BDE IAW MNCI Frago 018 and the Deployment.
- m. Medical Documentation Guidance/Reporting Requirements provided by the MNC-I Surgeons Office 20 Mar 05 upon redeployment of the BDE.

2. DUTIES AND RESPONSIBILITIES

a. Medic on duty.

- (1) Is on present at the BIF to provide routine medical care, to include admission and discharge exams and acute care within 10 minutes of notification 24/7.
- (2) Maintains accountability of equipment in the BIF clinic.
- (3) Inventories and inspects formulary medications on an ongoing basis (see formulary section for details).
- (4) Ensures shelves are fully stocked and shortage annexes forwarded for Class VIII needs.
- (5) Maintains clinic order and cleanliness at all times, to include but not limited to, sweeping and mopping with disinfectant daily.
- (6) Reports any acute medical condition and/or care concerns to the provider as required by prevailing U.S. standards of medical care.
- (7) Provides level of care within scope of Q1W competency identified and credentialed by the tasking unit. If IV fluids are initiated or parenteral medications used, the provider must be notified and the patient examined in 12 hours or less. The medic is not authorized to provide prescription medications or parenteral medications unless directly ordered by the provider prior to administration. Limited products/medications may be ordered telephonically by the provider as deemed necessary.
- (8) Ensures proper documentation of all care, to include but not limited to, the delivery of medication, results of laboratory testing in previously identified locations.
- (9) Ensures records are maintained and secured. A copy of all detainee records is made and filed appropriately on discharge/transfer from the facility.
- (10) Monitors, mitigates, and reports any and all concerns of detainee medical and detention care issues to the BIF provider. When appropriate reports to the BIF chain of command.
- (11) Maintains personal, uniform, fitness, and discipline standards at all times IAW with regulatory guidance.

b. Licensed Provider

- (1) Responsible for all medical issues regarding the care, hygiene and physical well being of the detainee population.
- (2) Responsible for ensuring that consistent, unbiased, and quality medical care is provided to all detainees.

Page 3 of 6

ACLU DDI CID ROI 28952

0234 05 010259-30335

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

- (3) Responsible for the regular inspection of the BIF for compliance of hygiene and health principles they pertain to detainee and or soldier care and safety.
- (4) Conducts daily sick call and is available for consultation 24/7. The provider will have a mobile telephone or radio provided by the BIF to provide uninterrupted contact with the BIF clinic.
- (5) Ensures that an admission physical exam is accurately completed as outlined above and that the detainee is medically cleared prior to interrogation by the MI team. Responsible for ensuring documentation of medical care provided during internment and accurate completion of discharge physical examination.
- (6) Responsible for providing weekly BIF MEDSITREP report to the chain of command. Report will include daily account of census, admissions, discharges and transfers as well as a report of all extraordinary issues (to include evidence of acute trauma and any emergent care provided).
- (7) Ensures that preventive medicine, hygiene, and detention care standards are met and maintained. Responsible for reporting any concerns of violations of issues or standards through the BIF chain of command as well as to the BDE surgeon.
- (8) Responsible for completing and reporting monthly DNBI report to the BDE surgeon.
- (9) Maintains uniform, physical fitness and military-bearing standards at all times IAW regulatory guidance.

c. BRIGADE SURGEON

- (1) Provides oversight for all medical care. Reviews medical documentation weekly.
- (2) Approves changes to medical policies and procedures.
- (3) Forwards reports of medical evidence of detainee abuse through medical channels.
- (4) Available for consultation for acute and chronic medical problems as well as patient evacuation decisions.
- (5) Establishes formulary of medications in cooperation with BIF provider.

3. FORMULARY

- a. A formulary of prescription and OTC (over the counter) medications will be maintained in the BIF clinic. The clinic will be secured when the provider or medic is not present.
- b. No controlled medications will be stocked at the BIF clinic.
- c. A monthly expiration inspection of all medications will be performed by the medic and recorded for review by the provider. Identified expired medications will be disposed of IAW the unit Class VIII SOP and the medic will ensure that appropriate restockage of medication occurs. Every attempt will be made to transfer pending expired medications of TMC stock to BIF by classification.
- d. Limited emergency medications to include but not limited to nitroglycerin, epinephrine and concentrated dextrose will be maintained in the BIF clinic.

Page 4 of 6

ACLU DDI CID ROI 28953

- e. Any medication requiring refrigeration will be stored in a separate "medication only" refrigerator located in the BIF clinic. No batteries or foodstuffs will be stored in the BIF clinic medication refrigerator.

4. EMERGENCY MEDICAL EQUIPMENT

- a. An Automatic External Defibrillator (AED) will be maintained in the BIF clinic at all times.
- b. Two D cylinders of medical oxygen will be maintained in the BIF clinic at all times.
- c. A suction device will be maintained in the BIF clinic at all times.
- d. A glucometer will be maintained in the BIF clinic at all times.

5. PREVENTIVE MEDICINE

a. Medical clinic

- (1) Universal precautions will be used during all patient care to include routine physical exams, phlebotomy, urinalysis and dressing changes.
- (2) Medical waste will be disposed of properly. A red biohazard bag and trashcan will be located in the clinic and used for any item with body fluids. When full the biohazard bag will be transported to the Class VIII facility and disposed of in accordance with unit SOP.
- (3) A sharps container will be maintained in the BIF clinic and used for needles or any sharps. No recapping of needles is permitted. Containers will be maintained and emptied at full capacity for proper biohazard risk management. Disposal will be conducted IAW unit Class VIII SOP.
- (4) Hand washing with soap and water or disinfectant lotion will be conducted prior to and after any and all patient care contact.
- (5) Tuberculosis testing will be considered for all BIF personnel at 6 months of assignment to facility or as clinical care indicates.

b. Detainee Health and Welfare

- (1) Preventive medicine guidelines have been established for detainee well being and stabilization and or improvement of their clinical condition. Every effort will be made for optimization of health care and prevention of communicable diseases.
- (2) The BIF provider will be responsible for daily inspection of the BIF for the health and welfare of the detainees. He will ensure that cleanliness, personal hygiene privileges, nutritious food, adequate hydration and use of toilet facilities are regular and within the scope of clinical health and reduction of possible or existing disease processes. All deficiencies will be reported through the Brigade medical channels.
- (3) Weekly inspection of the BIF for hygiene purposes will be conducted by the brigade preventive medicine officer and a written monthly report forwarded to the BDE surgeon and the brigade commander.

Page 5 of 6

ACLU DDI CID ROI 28954

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

6. MEDICAL CARE for BIF PERSONNEL

- a. Medical care is available to all BIF personnel from the BIF clinic. It is the soldier's responsibility to clear the sick call visit through their chain of command. Soldiers must notify the same if any work restrictions or referrals are made.
- b. The BIF clinic reserves the right to refer BIF military personnel to their BAS or C/148th TMC if there are any concerns of conflict or improper secondary gain.
- c. Mental health care, to include smoking cessation, anger or stress management counseling care will be made available to all BIF personnel on a bimonthly or monthly basis by the Combat Stress Control Team. It may be increased if clinically indicated.

7. POC for this memorandum is the undersigned.

(b)(6)


jws20050722

Page 6 of 6

ACLU DDI CID ROI 28955

ACLU-RDI 5487 p.70

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive**EXHIBIT 18**
000147

Exhibit B

ACLU DDI CID ROI 28956

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48th BIF	2. DATE (YYYYMMDD) 2005 09 04	3. TIME 10:14	4. FILE NUMBER
5. (b) (6)	6. (b) (6)	7. GRADE/STATUS (b) (6)	

8. ORGANIZATION OR ADDRESS
C CO 148th SB

9. I, (b) (6) PA-C, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 AUG 05 I was present for duty at the 48th BIF. At 10:15 hrs I performed an inprocessing interview and exam on detainee # B1437. He was a stable 65 y/o Iraqi male with medical problem consisting of hypertension, complaints of old spleen abnormalities and colon problem. The detainee denied taking medications at home for the above stated problem. The record reflects that the detainee had multiple abrasions and a healing laceration to the left ankle area that appeared days old and non-colonized. The detainee's vitals signs were stable at that time. An Arabic Interpreter was present for the entirety of the exam. At approximately 13:30 hrs I was notified per I-can that the detainee was acutely ill but had already been evaluated at E-MEDS on BIAF and was pending evacuation to the Balad medical treatment facility by means of air evacuation. I did not see the detainee at that time and did not encounter him again. At approximately 20:30 hrs I returned to the 48th BIF to counsel and debrief (b) (6) on his involvement which I consider at this time exceptional performance.

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2873, JUL 72 IS OBSOLETE

USAPA V1.01

ACLU DDI CID ROI 28957

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b) (6) TAC TAKEN AT YKK BIF DATED 20050904

9. STATEMENT (Continued)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

PAGE 2, DA FORM 2823, DEC 1998

DDI CID ROI 28958

USAPA V1.01

STATEMENT OF (b) (6) TAKEN AT 7th BIF DATED 2005 09 04

9. STATEMENT (Continued)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

I, (b) (6),
WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORP
CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT
THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFU

AFFIDAVIT

(b) (6)

THIS STATEMENT
RE STATEMENT MADE
OF EACH PAGE
WARD, WITHOUT

(Statement)

WITNESSES:

person authorized by law to
administer oaths, this _____ day of _____,
at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

(b) (6)

Sensitive

taken at

0950 4 Sep 05

Questions asked to

1. Who brought the detainee, Nasir Hammed Johar, to the BIF? What was the date and time?

Don't know guards name
29 Aug 05 1015 hrs

2. Do you sign for detainees upon arrival? If so, I need a copy of the Chain of Custody.

N/A

3. Did he ask or receive any medical attention upon arriving at the BIF?

Did not ask for medical help
didn't state that he had any problems

2. How did the detainee look upon arrival at the BIF? Scrapes, bruises, welts, etc...

Had bruises to Right Cheek
Small abrasions to the back and left bicep
Had healing laceration on left ankle

3. Upon arrival, what were your actions to assess the detainee's medical condition? What was his age, height and weight.

Normal in processing Exam -

Age 65

Height 5'6

Weight 150

4. Is there an SOP in place that outlines what your medical procedures are upon receiving a detainee? If so, did you follow these outlines?

Standard SOP states all detainees will be
in processed w/ medical interview + Exam (Arabic Interpreter Present)
SOP was followed

5. After your assessment did you document the detainee's condition? If so, I need a copy of your medical assessment.

Yes, see Attached

6. What is the procedure after you deem the detainee medically fit to be integrated into the general population?

After doc + med history + Exam
Patient was placed in general population and evaluated
daily for medical problems by a PA or doc.

7. Had he complained of any illness or injury after he was admitted into the general population?

No, detainee was present in General Population
for only 2 hours when Acute symptoms occurred

ACLU DDI CID ROI 28960

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0234 05 CID259-36335

Questions asked to

8. How long after your initial medical assessment was the detainee in the general population before he collapsed and died? *Detainee did not die at 48th BFF.*

He was here only 2 hours

9. How long was he outside (in the heat) prior to him collapsing?

Approx 15 min

10. How often are detainees given water?

Anytime they want it. Individual water bottle is w/in 15 ft. of detainee at all times

11. Who was the first responding US Soldier to render medical aid to the detainee?

(b) (6) C-148

12. Was he breathing at the time?

Yes

13. Was CPR initiated? If not, explain

No, Not Warranted

Patient was breathing on his own w/ a pulse

14. What is the protocol for pronouncing a detainee dead? Is it in an SOP?

~~ATA~~ Medical Provider is called to scene. By the time the Medical Provider arrived, Detainee was on aircraft to BT CAD

15. Has the cause of death been determined and was a autopsy initiated?

Unknown

16. Give timeline (date&Time) of events starting with detainee arrival until detainee death.

a. Detainee Arrival _____

b. Detainee medical assessment *1015, 29 Aug*

c. Detainee first distressed *Approx 1230 hrs*

d. Detainee pronounced death *UKN*

ACLU DDI CID ROI 28961

Exhibit C

ACLU DDI CID ROI 28962

FOR OFFICIAL USE ONLY

0234 05 CID259-56331

Law Enforcement Sensitive SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Lightning BIF, 48th BCT	2. DATE (YYYYMMDD) 2005/08/03	3. TIME 0316	4. FILE NUMBER (b) (6)
5. LAST NAME FIRST NAME MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	

8. ORGANIZATION OR ADDRESS
HHC 148 SB, BIF CAMP STRIKER, IRAQ APO AE 09372

9. (b) (6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 of August 2005 at approximately 1210 hours, I witnessed Detainee number B1437 come out of the latrines for marafa. he was noticeably confused, almost like he had no idea where he was. (b) (6) and (b) (6) were out there with me. The three of us began telling him instructions to go wash his hands and fill his water bottle as procedure dictates. The detainee continued to act very confused as to what was going on. At that point, I went over to the sink where (b) (6) and (b) (6) had escorted the detainee. He continued to act very confused, and seemed light headed. We knew something was wrong when he could not complete the basic tasks of washing his hands or filling his water bottle. The medic on duty, (b) (6) instructed (b) (6) and I to escort him in to the aid station. The detainee had a very difficult time staying on his feet and would not have been able to if (b) (6) and I were not holding him up. Upon arrival to the aid station, (b) (6) and I picked the detainee up and put him on the bench. I went to MI and got an interpreter so we could find out what was wrong with him. He complained of a severe headache and dizziness. After that he went out. We tried to get whatever response we could out of him but got nothing. (b) (6) went to call his higher to notify them they were moving the detainee to EMEDS. While he was gone, the detainee went into convulsions so I rolled him on his side to get whatever he was throwing up out. (b) (6) the interpreter and I, transported the detainee to EMEDS. The staff there told me that he was probably having a stroke and was going to die, and that I had to escort him to Balad. I went back to the BIF to get my gear and another escort. (b) (6) We then went back to EMEDS where we loaded up on a MEDEVAC and headed for Balad. Upon arrival at Balad, they told me again that the detainee was not going to make it. After a CAT scan I was notified that there was nothing the doctors could do, and that they were going to medicate him on morphine and wait for him to pass. (b) (6) and were instructed that we had to sit and "guard" him until he went. I then went to call the BIF and informed (b) (6) of the situation. The staff at Balad then moved the detainee to another ward where we were to guard him until he passed. The nursing staff instructed me to check him ever 1/2 hour or so to make sure he was still breathing and to notify them when he stopped. That evening I told (b) (6) to go get some sleep and I stayed in the ward with him for the night. For the next 36 hours or so, we sat there watching him till he died. He ended up passing about 0100 hours the 2nd night. I then went with the body to mortuary affairs and signed over custody to (b) (6) The following day CID showed up to investigate the death. Throughout the period of time we were at Balad, I continued to notify my superiors of the situation, and whatever was passed on to me by the medical staff at Balad. (b) (6)

10. EXHIBIT

11. INITIALS (b) (6)

STATEMENT

PAGE 1 OF

(b) (6)

PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

ACLU DDI CID ROI 28963

ACLU-RDI 5487 p.78

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

1000155B1/8

STATEMENT OF (b) (6) TAKEN AT 0316 DATED 3 SEP 2005

9. STATEMENT (Continued)

[Large diagonal line across the statement area]

(b) (6) AFFIDAVIT
I, (b) (6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES: (b) (6) ent)
Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3rd day of September, 05 at BJE (b) (6)
(Signature of Person Administering Oath)
(b) (6)
(Typed Name of Person Administering Oath)
JCMJ ART 136 (b)(4)
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS
ORGANIZATION OR ADDRESS
INITIALS OF PERSON MAKING STATEMENT (b) (6) PAGE 2 OF 2 PAGES

ACLU DDI CID ROI 28964

Questions asked to

taken at

1028 4 Sep 05

1. Who brought the detainee, Nasir Hammed Johar, to the BIF? What was the date and time?

SF, around 0500 hrs

2. Do you sign for detainees upon arrival? If so, I need a copy of the Chain of Custody.

Yes

3. Did he ask or receive any medical attention upon arriving at the BIF?

The SF guys released him to us in good health

2. How did the detainee look upon arrival at the BIF? Scrapes, bruises, welts, etc...

He had a bruise on the (R) side of his Neck. That's pretty normal for those guys though

3. Upon arrival, what were your actions to assess the detainee's medical condition? What was his age, height and weight.

N/A

4. Is there an SOP in place that outlines what your medical procedures are upon receiving a detainee? If so, did you follow these outlines?

Yes

5. After your assessment did you document the detainee's condition? If so, I need a copy of your medical assessment.

N/A

6. What is the procedure after you deem the detainee medically fit to be integrated into the general population?

We feed them give them water
We escort them outside to the bathroom.
They must bend at the waist when they walk anywhere

7. Had he complained of any illness or injury after he was admitted into the general population?

No, I was here when he was outside
and helped him into the medics area.
He looked as if he was drunk out of my

ACLU DDI CID ROI 28965

Enforcement Sensitive

taken at:

1028 4sep

Questions asked to

8. How long after your initial medical assessment was the detainee in the general population before he collapsed and died?

I didn't medically assess him

9. How long was he outside (in the heat) prior to him collapsing?

Approx 10, Maybe 15 min

10. How often are detainees given water?

When they want it

11. Who was the first responding US Soldier to render medical aid to the detainee?

(b) (6)

12. Was he breathing at the time?

Yes

13. Was CPR initiated? If not, explain

N/A ?

14. What is the protocol for pronouncing a detainee dead? Is it in an SOP?

[Handwritten line]

15. Has the cause of death been determined and was a autopsy initiated?

[Handwritten line]

16. Give timeline (date&Time)of events starting with detainee arrival until detainee death.

- a. Detainee Arrival_____
- b. Detainee medical assessment_____
- c. Detainee first distressed_____
- d. Detainee pronounced death_____

ACLU DDI CID ROI 28966

Exhibit D

ACLU DDI CID ROI 28967

FOR OFFICIAL USE ONLY

0234 0110259-36335

Law Enforcement Sensitive
SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48th Lightning BIF	2. DATE (YYYYMMDD) 2005/09/03	3. TIME 0500	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	

8. ORGANIZATION OR ADDRESS

HHC 148 SB, BIF Camp Arifker, Iraq APO AE 09372

9. (b) (6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1200 hours I observed detainee B1437 come out of the latrine. He seemed confused as to where he was and to what he was suppose to be doing. I saw the guards go and direct him as to what he was suppose to be doing and saw that he was having a hard time understanding what he needed to be doing. I then stepped inside the building and when I turned around I saw the guards bringing the detainee inside the medical office. I then proceeded to the medical office to see if I could help. As I was approaching the the medical office the medic (b) (6) came running out and got on the phone and I heard him call (b) (6) and tell him that he was going to take the detainee to E-meds. (b) (6) then went to prep the truck and I went into the medical office. When I arrived in the medical office (b) (6) had the detainee on one side and the detainee was vomiting into a pan held by (b) (6). I then ran outside and told (b) (6) that we needed his help. When (b) (6) and I returned to the medical office (b) (6) told (b) (6) and (b) (6) to put the detainee on a litter. After putting the detainee on the litter (b) (6) and (b) (6) then took and loaded the detainee onto the truck. (b) (6) then got into the drivers seat and (b) (6) and myself got into the back of the truck with the detainee. On our way to the medical station (b) (6) tried to keep the patient conscious by talking to him. The detainee did not respond. When we arrived at the medical station (b) (6) ran inside to alert the medical staff while (b) (6) and myself picked up the litter and brought the detainee inside. When we got inside and set the detainee down I was told that they needed to have the detainees packet from the BIF. I then got back inside the truck and returned to the BIF and got the required paperwork. As I was returning to the medical station I was stopped by (b) (6) in the driveway to the BIF and was told that I didn't have to go any further. I was told by (b) (6) that the detainee was going to be taken to Balad for medical treatment and that I was to turn over the paperwork to him and that he would accompany the detainee to the hospital in Balad. I then returned to my duty station at the BIF as the RTO. (b) (6) came back to the BIF and told us that the detainee required two guards to be transported to the hospital. I then volunteered to go and grabbed my equipment and headed to the truck where (b) (6) drove me back to the medical station. When I arrived I noticed (b) (6) helping the detainee breathe with medical equipment. I then took over for (b) (6) until I was relieved by a medic. We then took the detainee and put him in an ambulance and took him to the helipad where we loaded the detainee into the helicopter and then got in ourselves. We then flew to the hospital in Balad. After arriving in Balad the medical staff at the hospital took the patient to the emergency room where they proceeded to give medical treatment to the detainee. The detainee was then taken to get a CAT scan and (b) (6) accompanied him into the x-ray room while I was made to sit outside. After a couple of minutes a doctor came out and told me that the detainee had blood in his brain and that there was nothing that they could do and that the detainee would die. The detainee was then taken back to the emergency room until room could be made in the ward for him. After about 30 minutes the nurses came back and took the detainee to ward 1. We were then instructed that we had to watch the detainee until he had died. We proceeded to watch over the detainee over the next two days when he finally died on the morning of the second day while under the observance of (b) (6). (b) (6) then proceeded to turn the body over to mortuary affairs and get the necessary paperwork that we would need for our records. Later that day we were approached by a CID agent and had to explain the death of our detainee and take the CID agent to the doctors who took care of the detainee. When the CID agent was finished we were told that we didn't have a flight back to the BIF and that we would have to wait for a flight. Over the next three days we worked with our chain of command and the hospital staff in trying to get a flight back to the BIF. On 02 September we were able to get a flight from LSA Anaconda back to Camp Liberty where we then got a bus and returned to the BIF.

---//Nothing Follows//---

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b) (6)	PAGE 1 OF 2 PAGES
-------------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, S OCSOPS

ACLU DDI CID ROI 28968

ACLU-RDI 5487 p.83

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EX00160118

STATEMENT OF (b) (6) TAKEN AT 0500 DATED 3 Sep 2005

9. STATEMENT (Continued)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

AFFIDAVIT

(b) (6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b) (6)
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3rd day of September, 05 at BLF

(b) (6)

(b) (6)
(Signature of Person Administering Oath)

(b) (6)

(Typed Name of Person Administering Oath)

UCMJ ART 136(b)(4)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 2 OF 2 PAGES

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

Exhibit E

ACLU DDI CID ROI 28970

FOR OFFICIAL USE ONLY 0234 05 010259 35335

Law Enforcement Sensitive

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48th BCT Lightning BIF	2. DATE (YYYYMMDD) 2005/08/29	3. TIME 1311	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	

8. ORGANIZATION OR ADDRESS

9. I, (b) (6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the 29th of August 2005 at 1015, I inprocessed a new detainee, Detainee 2/3-14-B1437. The doctor, (b) (6) asked if he had any past medical conditions to which the detainee said he had old spenic and Colin problems. (b) (6) asked if he had any medical allergies or has he been taking any medications and detainee #1437 said no. (b) (6) also asked if he had any recent injuries and detainee #1437 said he had none. His blood pressure was 152/98, his pulse was 118, respirations was 16. After getting vitals from detainee #1437, I noted on his 600 that he had a bruise on his left eye and abrasions on his right shoulder and mid back. I then released him back to the guards as fit for confinement. At 1215 I went outside to smoke a cigarette and noted that detainee #1437 was a little confused. When he finished washing his hands he then turned around and stumbled around. He looked around and stumbled and almost fell. At that point I told the guards to bring him in my office because something was wrong. I had the guards lay him on the exam table and instructed one of the guards to go and get the translator. The translator came in and asked the detainee what was wrong and the detainee said he had an extreme head ache and the room was spinning. I checked his pulse and it was 65 also his breathing was shallow. I went to check his chart when he became unresponsive. I then tried to wake him to no effect. I then looked at his eyes and saw one was dilated the other was pinpointed. I then started to prep him to go to emeds when he vomited. We then put him on a stretcher and took him to emeds. At 1240 we arrived at emeds and turned him over to (b) (6)

---End of Statement---

10. EXHIBIT

11. INITIAL (b) (6) PERSON MAKING STATEMENT

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1 CO

ACLU DDI CID ROI 28971

ACLU-RDI 5487 p.86

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXHIBIT 000163

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

USE THIS PAGE IF NEEDED

THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO

AL PAGE OF THIS FORM.

STATEMENT OF

(b) (6)

TAKEN AT

1311

DATED

2005/10/25

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

(b) (6)

PAGE 2 OF 3 PAGES

PAGE 2, DA FORM 2823, DEC 1998

USAPA V1.00

ACLU DDI CID ROI 28972

ACLU-RDI 5487 p.87

FOR OFFICIAL USE ONLY
Law Enforcement SensitiveEXHIBIT 118
000164

STATEMENT OF (b) (6) TAKEN AT 1311 DATED 2005/08/27

9. STATEMENT (Continued)

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

I, (b) (6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b) (6)
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30th day of August, 2005 at BIE (b) (6)

ORGANIZATION OR ADDRESS

(b) (6)
(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

UCMJ Art 136 (b) (4)
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b) (6)

PAGE 3 OF 3 PAGES

ACLU DDI CID ROI 28973

0234 05 CID259-36335
FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

Exhibit F

ACLU DDI CID ROI 28974

Law Enforcement Sensitive

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48TH BCT LIGHTNING BIF	2. DATE (YYYYMMDD) 2005/08/30	3. TIME 1109	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	

8. ORGANIZATION OR ADDRESS

9. (b) (6)

I, (b) (6)

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29/08/2005, at approx:1220, I (b) (6) was outside in the rear of the facility near the portatoliers observing escort procedures. I observed Detainee (bravo number: 2/3-14-B1437) exit the porta toilet and walk towards the hand washing sinks. As Detainee 1347 walked toward the sinks, I noticed him swaying back and forward in a drunken manner. Being concerned that something might be wrong with Detainee 1347, I walked over to Detainee 1347 and he appeared almost incoherent as he walked toward the sinks. I escorted Detainee 1347 over to the sink to wash his hands and face. Afterward I tried to get Detainee 1347 to fill his water bottle; it appeared that Detainee 1347 had no hand /eye coordination as he allowed the water to run over his hands instead of inside the water bottle. At that point (b) (6) the duty medic told (b) (6) and (b) (6) to bring him into the aid station because something is wrong with him. By the time (b) (6) and (b) (6) escorted Detainee 1347 to the aid station, Detainee 1347 passed out. (b) (6) and (b) (6) then carried Detainee 1347 into the aid station. (b) (6)

End of Statement

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

ACLU DDI CID ROI 28975

FOR OFFICIAL USE ONLY

0234 05 610259-36335

USE THIS PAGE IF NEEDED

THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO

JAL PAGE OF THIS FORM.

STATEMENT OF

(b) (6)

TAKEN AT

DATED

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

(b) (6)

PAGE 2 OF 3 PAGES

PAGE 2, DA FORM 2823, DEC 1998

USAPA V1.00

ACLU DDI CID ROI 28976

ACLU-RDI 5487 p.91

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXHIBIT 8
000168

STATEMENT OF (b) (6) Enforcement Sensitive
TAKEN AT _____ DATED 05/28/97

9. STATEMENT (Continued)

AFFIDAVIT

I, (b) (6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30th day of August, 05 at BSE

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

ACLU DDI CID ROI 28977

Exhibit G

ACLU DDI CID ROI 28978

FOR OFFICIAL USE ONLY

Law Enforcement Sensitive

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48th BCT Lightning BIF	2. DATE (YYYYMMDD) 2005/08/29	3. TIME 1311	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	
8. ORGANIZATION OR ADDRESS			

9. I, (b) (6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or about 12:20 hrs I (b) (6) observed Detainee # 81437 moving slowly and walking with dizziness, myself and (b) (6) escorted Detainee # 81437 to medic's.

End of Statement

10. EXHIBIT	11. INITIALS (b) (6) MAKING STATEMENT	PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

ACLU DDI CID ROI 28979

ACLU-RDI 5487 p.94

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EX-000171

1/8

(b) (6)

OFFICIAL USE ONLY

Enforcement Sensitive

STATEMENT OF

TAKEN AT

DATED

2005/08/29

9. STATEMENT (Continued)

AFFIDAVIT

(b) (6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS ON EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL

(b) (6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30th day of AUGUST, 2005 at BIR

(b) (6)

(Signature of Person Administering Oath)

(b) (6)

(Typed Name of Person Administering Oath)

UCM3 ART 156 (1) (4)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

(b) (6)

PAGE 2 OF 2 PAGES

ACLU DDI CID ROI 28980

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

Exhibit H

ACLU DDI CID ROI 28981

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

16

Law Enforcement Sensitive
SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION BIF	2. DATE (YYYYMMDD) 050829	3. TIME 1304	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	
8. ORGANIZATION OR ADDRESS			

9. (b) (6)
I, (b) (6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At 12.15pm SAT (b) (6) and I (b) (6)
Started a Marafa Run for The Detainees at The holding Cell,
while taking The detainees down The aisles to Marafa. I (b) (6)
Noticed The older detainees not looking well he was kind of
dizzy. So I put him on The end of the line. And asked
(b) (6) if he can get a medic to take a look at the
detainee. while the other detainees were finishing Marafa.
I took the Detainers while The older detainee stayed
behind with the medic. nothing further. ///
/// End of Statement ///

10. EXHIBIT	11. INITIALS (b) (6) ON MAKING STATEMENT	PAGE 1 OF 3 PAGES
-------------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

ACLU DDI CID ROI 28982

USE THIS PAGE IF NEEDED. THIS PAGE IF NOT NEEDED, PLEASE PROCEED TO THE NEXT PAGE OF THIS FORM.

STATEMENT OF (b) (6) TAKEN AT 1304 DATED 05/08/20

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 2 OF 3 PAGES

PAGE 2, DA FORM 2823, DEC 1998

USAPA V1.00

ACLU DDI CID ROI 28983

FOR OFFICIAL USE ONLY

0234 05 CID-259-36335

STATEMENT OF (b) (6) Enforcement Sensitive
TAKEN AT ISG DATED 05/08/30

9. STATEMENT (Continued)

AFFIDAVIT

I, (b) (6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 710. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b) (6)
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 31 day of AUGUST, 05 at BIF

ORGANIZATION OR ADDRESS

(b) (6)
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(b) (6)
UCMJ ART 13.6 (4)(4)
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b) (6)

PAGE 3 OF 3 PAGES

ACLU DDI CID ROI 28984

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

Exhibit I

Law Enforcement Sensitive

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 48th Brigade Lightning BIF	2. DATE (YYYYMMDD) 2005/08/30	3. TIME 1600	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	

8. ORGANIZATION OR ADDRESS
 HHC 148th SB, BIF Camp Striker, Iraq APO AE 09372

9. I, (b) (6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 August 2005 at approximately 1230 hours, I was notified that detainee B#1437 suffered a medical condition and was being evacuated to EMEDS having convulsions. I received a brief from the (SOG) (b) (6) and (b) (6). Apparently, B#1437 began to show signs of disorientation, unbalance, and virtually passed out during a routine restroom break. A medic, (b) (6) and 2 guards (b) (6) and (b) (6) went to EMEDS in an ambulance. I began notifications to the Provost Marshall, the BDE TOC, and requested for a replacement medic from the TMC. Shortly afterwards, (b) (6) and (b) (6) came back and informed me that B#1437 suffered a stroke and now was being evacuated to the green zone. They retrieved copies of the detainee's packet and medical records and were to provide escort on the helicopter to the hospital in the green zone. Again, I made the necessary notifications.

Later, I received notice from (b) (6). He told me the detainee's medical condition had gotten worse and they would stay in the hospital facility in Balad overnight. He also indicated the detainee's chances for survival were low and may die. I made the necessary notifications.

END OF STATEMENT

10. EXHIBIT	11. INITIALS (b) (6) MAKING STATEMENT	PAGE 1 OF 2 PAGES
-------------	---------------------------------------	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

ACLU DDI CID ROI 28986

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

STATEMENT OF (b) (6)

DATED 2005/08/30

9. STATEMENT (Continued)

AFFIDAVIT

I, (b) (6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE (b) (6) ENT.

(b) (6) Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 2 OF 2 PAGES

ACLU DDI CID ROI 28987

Exhibit J

ACLU DDI CID ROI 28988

SIR/CCIR

Person making report:

Name: 869 Hamed Alkhatib Rank: _____

Duty Section: Detachment 332 AFTH Date/Time of Report: _____

Telephone: (b) (6) E-mail: (b) (6)

Incident: Open web browser

Name/s: Rank:

Unit: _____ Contact info (phone/e-mail): _____

USAF USA USM USN KBR DoD Contractor Other

Location of incident:

Details of incident:

Unresponsive ketamine brought. CP stable
CP seen by house (P. hemiparesis, hemisensoria)
(Pupils equal, pupil undilated, no reflexes)
bark - elevated CK 5200. Still undrained
Patient given comfort measures and reassured
Poked away at feet above.

ACLU DDI CID ROI 28989

FOR OFFICIAL USE ONLY

Law Enforcement Sensitive

USE BALL POINT PEN
PRESS HARD

AUTHORIZATION AND TREATMENT STATEMENT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)

1. REGISTER NO.		2. NAME (Last, First, Middle Initial) Hameed, J. her		3. RELIGION	
4. FACILITY CODE		5. MEDICAL TREATMENT FACILITY		6. TIME OF ADM 1450	7. DATE OF ADM 189 Aug 05
8. TYPE OF CASE D		9. TYPE OF CASE		10. AGE 65	
11. BENEF TYPE EPW		12. GRADE		13. AFSC	
14. AVIATION SVC CODE		15. RATING		16. LENGTH OF SVC	
17. SEX M		18. MARITAL STATUS		19. RACE/COLOR	
20. ZIP CODE		21. CURRENT ORGANIZATION Detainee		22. INPATIENT UNIT ICW	
23. FACILITY ADM CODE		24. FACILITY OF INITIAL ADMISSION		25. DATE INITIAL ADM	
26. ROOM		27. BED		28. PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO	
29. CLINIC SERVICE(S)		30. ADMISSION CLERK (b)(6)		31. EMERGENCY ADDRESS/RELATIONSHIP	
32. NAME AND ADDRESS OF SPONSOR		33. PRIMARY ADMISSION DIAGNOSIS Pneumonia		34. SECONDARY ADMISSION DIAGNOSIS Stroke	
35. CAUSE OF INJURY		36. SIGNATURE OF PATIENT OR SPONSOR		37. ADMITTING PROVIDER (b)(6)	
38. DEPOSIT VALUABLES FOR SAFEKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO		39. I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form.		40. TREATMENT	
41. DIAGNOSES - PROCEDURES		42. PROVIDERS OF CARE		43. PROVIDERS OF CARE	
44. LOD: <input type="checkbox"/> YES <input type="checkbox"/> EPTS, LOD not applicable <input type="checkbox"/> AF Form 348		(Check <input type="checkbox"/> if continued on reverse)		(Check <input type="checkbox"/> if continued on reverse)	
45. ADMINISTRATIVE DATA: <input type="checkbox"/> Change in physical profile required <input type="checkbox"/> YES (Prepare AF Form 422) <input type="checkbox"/> NO		(Meal Card <input type="checkbox"/> YES <input type="checkbox"/> NO)		46. DISPOSITION	
47. DATE OF DISPOSITION		48. TIME OF DISPOSITION		49. CC OF WHOLE BLOOD	
50. CC OF PACKED CELLS		51. CONVALESCENT LEAVE TAKEN		52. CONVALESCENT LEAVE RECOMMENDED	
53. SIGNATURE OF ATTENDING HEALTH CARE PROVIDER		54. SIGNATURE OF PATIENT AFFAIRS OFFICIAL		55. SIGNATURE OF PATIENT AFFAIRS OFFICIAL	

AF IMT 560, 19870901, 02

ACLU-DDI-CID-ROI-28990

PREVIOUS EDITION WILL BE USED

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EX000182

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0234 05 010259-36335

Exhibit M

ACLU DDI CID ROI 28991

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXHIBIT 000183

18

111

0234 05 010259-36335

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

NAME OF DECEASED (Last, first, middle) Hameed, Nasir		Nom du décès	
ORGANIZATION (Organization) Brzi			
RACE (Race) CAUCASOID - Caucasique			
OTHER (Specify) Autre (Spécifier)			
NAME OF NEXT OF KIN (Nom du plus proche parent)			
STREET ADDRESS (Domicile à l'usage)			
CAUSE OF DEATH (Cause du décès)			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Maladie ou condition directement responsable de la mort)			
ANTERIOR CAUSES (Antécédents médicaux de la mort)		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE (Condition morbide, s'il y a lieu, ayant conduit à la cause primaire)	
OTHER SIGNIFICANT CONDITIONS (Autres conditions significatives)		IMMEDIATE CAUSE, IF ANY, LEADING TO PRIMARY CAUSE (Cause immédiate, s'il y a lieu, ayant conduit à la cause primaire)	
MODE OF DEATH (Conditions de la mort)		AUTOPSY PERFORMED (Autopsie effectuée)	
<input checked="" type="checkbox"/> NATURAL (Mort naturelle)		<input type="checkbox"/> YES (Oui)	
<input type="checkbox"/> ACCIDENT (Mort accidentelle)		<input type="checkbox"/> NO (Non)	
<input type="checkbox"/> SUICIDE (Mort suicidaire)		NAME OF PATHOLOGIST (Nom du pathologiste)	
<input type="checkbox"/> HOMICIDE (Mort homicide)		SIGNATURE (Signature)	
DATE OF DEATH (Hour, day, month, year) 01/14/05		PLACE (Lieu)	
I HAVE VIEWED THE REMAINS OF THE DECEASED (J'ai examiné les restes mortels du défunt)			
NAME OF MEDICAL OFFICER (Nom du médecin militaire ou du médecin)			
(b)(6)			
SIGNATURE (Signature)			
(b)(6)			
DATE (Date) 31 Aug 05			
SIGNATURE (Signature) (b)(6)			
State disease, injury or complication which caused death, but not conditions contributing to the death, but not related to it (Préciser la nature de la maladie, de la blessure ou de la complication causant la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc., sans mentionner les conditions contribuant à la mort, mais non liées à la mort)			

GRADE (Grade)			BRANCH OF SERVICE (Branche de service)			SOCIAL SECURITY NUMBER (Numéro de l'assurance sociale) 869		
DATE OF BIRTH (Date de naissance)			SEX (Sexe) <input checked="" type="checkbox"/> MALE (Masculin) <input type="checkbox"/> FEMALE (Féminin)			RELIGION (Religion) <input type="checkbox"/> PROTESTANT (Protestant) <input type="checkbox"/> CATHOLIC (Catholique) <input type="checkbox"/> JEWISH (Juif) <input type="checkbox"/> OTHER (Autre)		
DIVORCED (Divorcé)			REPARATED (Réparé)			RELATIONSHIP TO DECEASED (Rapport du décès avec le défunt)		
CITY AND STATE (Incluse ZIP Code) (Ville (Code postal compris))								
INTERVAL BETWEEN ONSET AND DEATH (Intervalle entre l'apparition et la mort)								
CIRCUMSTANCES SURROUNDING DEATH (Circonstances de la mort)								
EXTERNAL CAUSES (Causes extérieures)								
AVIATION ACCIDENT (Accident d'avion) <input type="checkbox"/> YES (Oui) <input checked="" type="checkbox"/> NO (Non)								
SIGNATURE (Signature)								
DATE (Date)								

ACLU-DDI CID ROI 28992

0234 05 010259-36335

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

CERTIFICATE OF DEATH (Form 100-10)			
NAME OF DECEASED (Last, first, middle)		RACE (Race)	
Hameed Nasir		869	
ORGANIZATION (Organization)		NATIONALITY (Nationality)	
SEX (Sex)		MARITAL STATUS (Marital Status)	
CAUCASOID (Caucasoid)		SINGLE (Single)	
NEGROID (Negroid)		MARRIED (Married)	
OTHER (Specify) (Autre (Spécifier))		WIDOWED (Widow)	
NAME OF NEXT OF KIN (Nom du plus proche parent)		RELATIONSHIP TO DECEASED (Rapport au défunt)	
STREET ADDRESS (Domicile à l'usage)		CITY OR TOWN AND STATE (Ville et État)	
MEDICAL STATEMENT (Déclaration médicale)			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			
ANTECEDENT CAUSES Symptômes précursseurs de la mort		IMMEDIATE CAUSE (Primary Cause) Cause immédiate (Cause primaire)	
		Hemorrhagic shock	
OTHER SIGNIFICANT CONDITIONS (Autres conditions significatives)			
MODE OF DEATH (Manner of death)			
NATURAL (Mort naturelle)			
ACCIDENT (Mort accidentelle)			
SUICIDE (Mort par suicide)			
HOMICIDE (Mort par homicide)			
DATE OF DEATH (Hour, day, month, year) Date du décès (Heure, le jour, le mois, l'année)		PLACE OF DEATH (Lieu de décès)	
0144 31 Aug 05		332 AFTK	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME, PLACE AND FROM THE CAUSE STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure, au lieu et de la cause indiqués ci-dessus.			
NAME OF MEDICAL EXAMINER (Nom du médecin légiste)			
(b)(6)			
ADDRESS (Adresse)			
(b)(6)			
DATE (Date)			
31 Aug 05			
SIGNATURE (Signature)			
(b)(6)			

CID ROI 28993

EX-100185

18

MEDICAL RECORD	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
REPORT OF DETAINEE MEDICAL SCREENING:	
29 Aug 05	History of Past Medical Conditions: (circle) <i>Htn, old splenic & colon problems undiagnosed</i>
10:15	Medication Allergies: (NO) (YES) List:
	Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)
	Recent Injuries: (NO) (YES) Describe:
Exam Findings:	BP: <i>152 / 98</i> Pulse: <i>118</i> Resp: <i>16</i> <i>Ht - 3'6 Wt - 150</i>

Utilize Diagram and space Below to Indicate Examination Findings.
If additional space required continue on reverse

TATTOO: (NO) (YES)

In processing Exam:

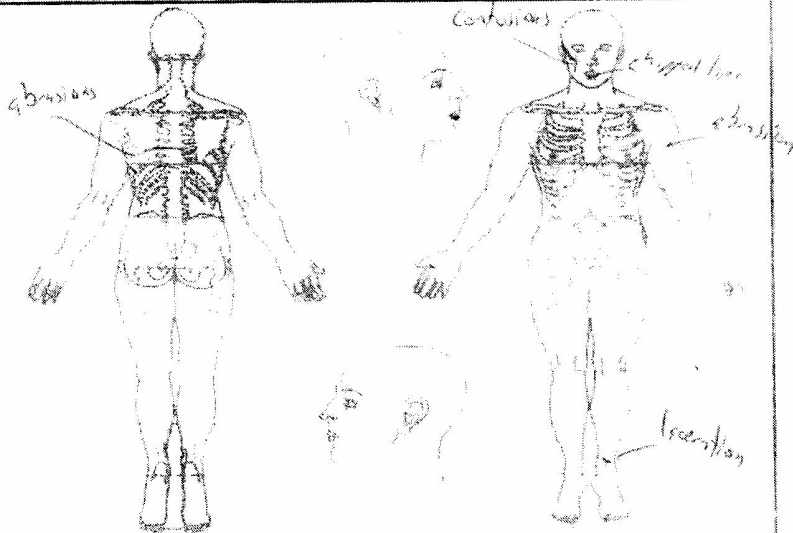
HEENT: *dry lips, poor*

Chest: *CTA*

Heart: *RRR S, rbs, dcs or anything*

ABD: *Problemat*

EXT: *small abrasion & lacerations of w area*



(PTI) (UNFIT) For Confinement

(Does) (Does Not) Require Further Evaluation

(b)(6)

Name/Rank/Unit of Screener:

(b)(6)

HOSPITAL OF MEDICAL FACILITY

STATUS

DEPART/SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN / ID NO

RELATIONSHIP TO SPONSOR

PATIENT'S NAME IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN, Sex, Date of Birth, Rank/Grade.)

REGISTER NO.

WARD NO.

Detainee Information:

Name: *1437*

Control Number:

Date/Time of Detention:

Detainee Age:

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6.97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

USAPA V2 00

ACLU DDI CID ROI 28996

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

29 AUG 05

ASCVD

ASA 325mg QD

HTN

29 AUG 05

Chart entry note ASA ordered but not yet given. Debriefed
medic.

(b)(6)

MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SSN/ID NO

RELATIONSHIP TO SPONSOR

IDENTIFICATION

(For typed or written entries, give: Name last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

USGAP 12-02

1437
ACLU DDI CID ROI 28997

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EX-100189

18

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0234 05 CID259-36335

Exhibit K

ACLU DDI CID ROI 28998

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXHIBIT
000190/6

FOR OFFICIAL USE ONLY

Law Enforcement Sensitive

0234 05 01 0259-36335

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

History

Symptoms: *unres*

Allergies: ☐ NKDA *unkn*

Medications: *unknown*

Past Medical History: ☐ IP: *unknown*

Last meal:

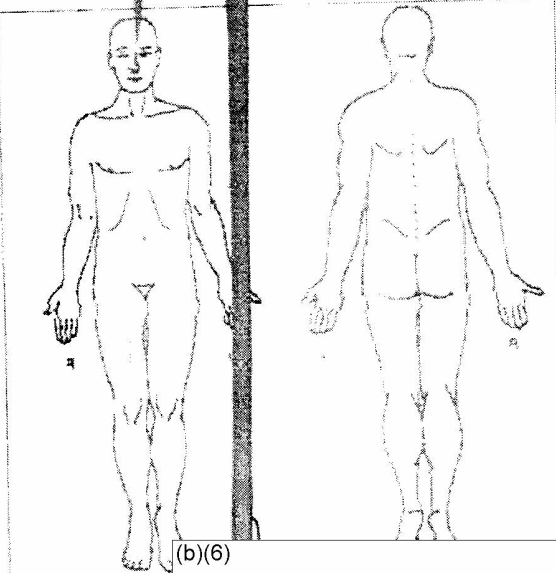
Events leading up to incident:
PT walking to bathroom, looked confused & slurred speech, started wobbling. Went out close to PT & dizziness prior (to interpreter)

Labs:

☐ U/A: Blood ☐ Pos ☐ Neg
☐ Na⁺: *139* K⁺: *4* Glu: *152* Hct: *44* Hgb: *139*
☐ ABG: pH: *7.378* PCO₂: *21* PO₂: *66*
☐ Cr:
☐ hCG: ☐ Pos ☐ Neg

X-Rays:

☐ C-spine:
☒ Chest: *7 cm above umbilicus*
☐ Abdomen: *ETT inserted 2-3 cm*
☐ Pelvis:
☐ Other: *to 24 @ teeth*



FAST Exam:

Fluid seen: ☐ None
☐ Pericardium
☐ RLQ (Morrison's pouch and paracolic gutter)
☐ LLQ (spleno-renal recess and paracolic gutter)
☐ Suprapubic (Douglas' pouch)

Prophylactic antibiotics:

☐ Levofloxacin 500 mg IV
☐ Unesyn 3 g IV

Tetanus Prophylaxis:

☐ Up to date
☒ Tetanus toxoid 0.5 ml IM *Unknown*

Diagnoses:

likely hemorrhagic stroke

Physician Signature

Home Base

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

MAINTAINED AT:

PATIENT'S NAME: *(b)(6)*

SEX: *M*

TENT NUMBER

ICE

RANK / GRADE

SUPERVISORS NAME / RANK

ORGANIZATION HERE

DATE ARRIVED AOR

IDENTIFICATION NO. *(b)(6)* *1437*

DATE OF BIRTH

Trauma Flow sheet Page
REV 1 20 Jun 04

CHRONOLOGICAL RECORD OF MEDICAL CARE : STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMI
FIMR (41 CFR) 201-45.50

ACLU DDI CID ROI 28999

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EX-1000191

ACLU-RDI 5487 p.112

FOR OFFICIAL USE ONLY

CHRONOLOGICAL RECORD OF MEDICAL CARE

0234 0010 59-36335

Law Enforcement Sensitive

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

447 AEG/EMEDS, Baghdad, Iraq

Trauma Flow Sheet

Bed Number: /

Date/Time arrived: 1250

Primary Survey

Airway	<input type="checkbox"/> Patent	<i>↓ gag not handling secretions No response to pain</i>
C-Spine	<input checked="" type="checkbox"/> C-collar <input type="checkbox"/> Backboard	
Breathing	<input checked="" type="checkbox"/> Unaided	
Circulation	<input checked="" type="checkbox"/> Spontaneous	
Disability	GCS: 13	

Vitals

1250	150/80	74	32	96%
------	--------	----	----	-----

Secondary Survey

HEENT	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> No hemotympanum <input checked="" type="checkbox"/> Zygoma intact <input checked="" type="checkbox"/> Nose intact <input checked="" type="checkbox"/> Maxilla intact <input checked="" type="checkbox"/> PEARL <input checked="" type="checkbox"/> EOM	<input checked="" type="checkbox"/> TM intact bilat <input checked="" type="checkbox"/> No rhinorrhea <input checked="" type="checkbox"/> No otorrhea <input checked="" type="checkbox"/> No Battle's sign <input checked="" type="checkbox"/> No raccoon eyes <input checked="" type="checkbox"/> Mandible intact <input checked="" type="checkbox"/> Dentition intact	<i>Bite lower lip R pupil 6 mm nonreactive L pupil 3 mm non react.</i>
Neck	<input type="checkbox"/> C-spine non-tender <input type="checkbox"/> No c-spine step-off <input checked="" type="checkbox"/> Trachea midline <input checked="" type="checkbox"/> No JVD		
Chest	<input checked="" type="checkbox"/> Equal expansion <input checked="" type="checkbox"/> Clavicles intact		
Lungs	<input checked="" type="checkbox"/> CTAs <input checked="" type="checkbox"/> Breath sounds equal		
Heart	<input checked="" type="checkbox"/> RRR <input checked="" type="checkbox"/> Not muffled		
Upper Ext	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> Motor normal <input checked="" type="checkbox"/> Sensation intact <input checked="" type="checkbox"/> Radial pulse present <input checked="" type="checkbox"/> Grip normal <input checked="" type="checkbox"/> Capillary refill <2 sec	<input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R	<i>No spontaneous movements Unable to assess neuro MS.</i>
Abdomen/ Pelvis	<input checked="" type="checkbox"/> Soft NT <input checked="" type="checkbox"/> Bowel sounds present and normoactive <input checked="" type="checkbox"/> Pelvis stable		
Lower Ext	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> Motor normal <input checked="" type="checkbox"/> Sensation intact <input checked="" type="checkbox"/> DP or PT pulse present <input checked="" type="checkbox"/> Capillary refill <2 sec	<input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R	
Back	<input checked="" type="checkbox"/> Atraumatic		
Rectal	<input type="checkbox"/> Normal rectal tone <input type="checkbox"/> Prostate not high-riding	<input type="checkbox"/> No gross blood	
GU	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> No blood at urethral meatus <input type="checkbox"/> No incontinence (fecal or urine)	<input type="checkbox"/> No priapism	<i>Urinary incontinence</i>

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

RECORDS MAINTAINED AT:	Home Base	
PATIENT'S NAME (Last, First, Middle Initial)	SEX	
(b)(6)	M	
STATUS / SERVICE	RANK / GRADE	
SUPERVISORS NAME / RANK	ORGANIZATION HERE	
DATE ARRIVED AOR	SSN/IDENTIFICATION NO. (b)(6)	DATE OF BIRTH
	1437	

Trauma Flow sheet Page 1
REV 120 Jun 04

CHRONOLOGICAL RECORD OF MEDICAL CARE - STANDARD FORM (REV. 5-8)
Prescribed by GSA and ICM
FIRM (41 CFR) 201-45.60

ACLU DDI CID ROI 29000

ACLU-RDI 5487 p.113

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

000192

FOR OFFICIAL USE ONLY

0234 05 010250 36335

ALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

CO

TRAUMA FLOW SHEET

	PROCEDURES	TIME	SITE	INITIALS	COMMENTS
AIRWAY	ORAL NASAL AIRWAY				
	ENDOTRACHEAL TUBE # 7.0	1300			22 P teeth 35
BREATHING	OXYGEN	FFM/Bay	1252	1257	Intubated
	RAO VALVE MASK				
	VENTILATOR				
	PERCUTANEOUS TRACHEOSTOMY				
CIRCULATION	AUTO TRANSFUSER				
	FLUID INFUSION (NAME/AMOUNT)				
	CENTRAL LINE (C.R. #)				
	IV DILUTE	Bay R wrist	1255		
OTHER	SPRINGS				
	FOLEY CATHETER	1305			1305 Amber liquid aspirated
	CT SCAN				

					MEDICATIONS			
TIME	CC'S	SOLUTION	RATE	CC'S INFUSED	INITIALS	TIME	MEDICATION	ROUTE
1305					(b)(6)	1305	Ativan 10mg	IV
1305						1305	Valium 20	IV
1305						1305	Valium 100	IV
1305						1305	Valium 2mg	IV
1305						1305	Valium 2mg	IV
1305						1305	Valium 10mg	IV
1305						1305	Valium 10mg	IV

BLOOD PRODUCTS					
TIME	COMPONENT	UNIT #	CC'S INFUSED	RN	RN

PATIENT'S IDENTIFICATION (Use this space for Mechanical support)	RECORDS MAINTAINED AT:	Home Base
	PATIENT'S NAME (Last, First, Middle Initial)	(b)(6)
	STATUS / SERVICE	
	SUPERVISORS NAME / RANK	
	DATE ARRIVED AOR	SCN IDENTIFICATION NO. (b)(6) 1437

Trauma Flow
REV 3CHRONOLOGICAL RECORD OF MEDICAL CARE : STANDARD FORM 100-10
Prescribed by and
FIMR (41 C.F.R. 1-45)

ACLU DDI CID ROI 290

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXT 000193

Exhibit L

ACLU DDI CID ROI 29002

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

EXH000194

18

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

Exhibit N

ACLU DDI CID ROI 28994

CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

[illegible]

DD FORM 1075, .

28995 USAPA V1.00

FOR OFFICIAL USE ONLY

Law Enforcement Sensitive

0234 05 CID259-36335

AGENT'S INVESTIGATIVE REPORT

0216-05-CID919

CID Regulation 195-1

PAGE 1 OF 1 PAGES

BASIS FOR INVESTIGATION: At 1800, 31 Aug 05, this office received a Request For Assistance from the 48th Military Police Detachment (CID), Camp Victory, Baghdad, Iraq, to interview medical personnel at the Balad Air Force Theatre Hospital (AFTH), Logistical Support Area Anaconda, Iraq, (LSAA), who treated Mr. Nasir J. HAMMED, Detainee Number 2/3-014-B1437. Their office further requested to photograph Mr. HAMMED, obtain all medical documents to include the death certificate of Mr. HAMMED, and to ensure Mr. HAMMED was being transported to Dover, Delaware for an autopsy.

At 1840, 31 Aug 05, SA **(b)(6), b(7)(C)** interviewed MAJ **(b)(6), b(7)(C)** Medical Examiner (ME), AFTH, who stated he treated Mr. HAMMED on 30 Aug 05. MAJ **(b)(6), b(7)(C)** stated Mr. HAMMED was in a comatose state when he arrived to the AFTH, and appeared to have had a hemorrhagic stroke. He stated Mr. HAMMED did not react to any deep pain and had chaine stokes breath due to the right side of his brain not functioning. MAJ **(b)(6), b(7)(C)** stated Mr. HAMMED was only taking in 66% oxygen, which was far below the normal level. He stated Mr. HAMMED's kidney's shut down completely and did not work. MAJ **(b)(6), b(7)(C)** stated Mr. HAMMED showed no signs of abuse, and never noticed blood in his urine. He stated if Mr. HAMMED were abused, he would have probably had blood in his urine, which he did not.

At 1920, 31 Aug 05, SA **(b)(6), b(7)(C)** coordinated with SGT **(b)(6), b(7)(C)** 246th Quarter Master Company, Mortuary Affairs, LSAA, who provided this office with copies of Mr. HAMMED's death certificate and other medical documents. SGT **(b)(6), b(7)(C)** related Mr. HAMMED would be transported to Dover, Delaware for an autopsy. SA **(b)(6), b(7)(C)** exposed photographs of Mr. HAMMED utilizing a Cannon Power Shot SD200, digital camera.

At 2000, 31 Aug 05, SA **(b)(6), b(7)(C)** coordinated with MAJ **(b)(6), b(7)(C)**, Patient Administration Department, AFTH, LSAA, who provided this office with copies of all medical documents pertaining to Mr. HAMMED.///LAST ENTRY///

SA **(b)(6), (b)(7)(C), (b)(7)(F)**
Sig **(b)(6), (b)(7)(C), (b)(7)(F)**

37th MP Det. (CID)
LSA Anaconda, Iraq
APO AE 09391

Date: 31Aug 05

Exhibit:

FOR OFFICIAL USE ONLY
FOR OFFICIAL USE ONLY

ACLU DDI CID ROI 29003

CID FORM 94

ACLU-RDI 5487 p.118

EX1000195

19

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0216 05 CID919-
0234 05 CID259-36335

718309

Incident: *Death*
Date: *31 Aug 05*
Time: *0144*

SIR/CCIR

Person making report:

(b)(6)

Name:

(b)(6)

Rank:

(b)(6)

Duty Section:

Detachment 332 APTM

Date/Time of Report:

31 Aug 05 0145

Telephone:

(b)(6)

E-mail:

(b)(6)

Incident:

Death due to hemorrhagic stroke

Name/s:

869 Howard, N.Y.

Rank:

Unit:

Contact info (phone/e-mail)

USAF USA USM USN KBR DoD Contractor

Other

EPW

Location of incident:

Details of incident:

Unresponsive detainee brought to EP. Noted on CT scan to have (P) hemispheric hemorrhagic stroke. (P) eye pupils equal in reaction to GCS 3. (L) - elevated CK - 529 O/W unremarkable. Patient given comfort measures and expedient stroke. Placed away at tent above.

ACLU DDI CID ROI 29005
FOR OFFICIAL
USE ONLY

EX-100 000196

0216 05 CID9197
Exp 2021
FOR OFFICIAL USE ONLY

Law Enforcement Sensitive

USE BALL POINT PEN
PRESS HARD

AUTHORIZATION AND TREATMENT STATEMENT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

I. ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)											
1. REGISTER NO. 718369		NBSUF		2. NAME (Last, First, Middle Initial) Hameed, J. Aher				3. RELIGION			
4. FACILITY CODE		5. MEDICAL TREATMENT FACILITY				6. TIME OF ADM 1450		7. DATE OF ADM 29 Aug 05		8. TYPE OF CASE D	
9. FMP 99		SSN 869		10. BENEF TYPE EPW		11. GRADE		12. AFSC		13. AVIATION SVC CODE	
14. RATING		15. LENGTH OF SVC		16. AGE 65							
17. SEX M		18. MARITAL STATUS		19. RACE/COLOR		20. ZIP CODE		21. CURRENT ORGANIZATION Detainee			
22. INPATIENT UNIT ICW-1		23. FAC INT ADM CODE		24. FACILITY OF INITIAL ADMISSION				25. DATE INITIAL ADM		26. ROOM	
27. BED		28. PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO		29. CLINIC SERVICE(S)				30. ADMISSION CLERK (b)(6)			
31. EMERGENCY ADDRESSEE/RELATIONSHIP						32. NAME AND ADDRESS OF SPONSOR					
33. PRIMARY ADMISSION DIAGNOSIS Poss Stroke						34. SECONDARY ADMISSION DIAGNOSIS					
35. CAUSE OF INJURY											
36A. DEPOSIT VALUABLES FOR SAFEKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO		36B. I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form.				SIGNATURE OF PATIENT OR SPONSOR				37. ADMITTING PROVIDER (b)(6)	
II. TREATMENT											
38. DIAGNOSES - PROCEDURES (b)(6)								39. PROVIDERS OF CARE			
LOD: <input type="checkbox"/> YES <input type="checkbox"/> EPTS, LOD not applicable <input type="checkbox"/> AF Form 348 (Check <input type="checkbox"/> if continued on reverse)											
40. ADMINISTRATIVE DATA (Change in physical profile required <input type="checkbox"/> YES (Prepare AF Form 422) <input type="checkbox"/> NO) (Meal Card <input type="checkbox"/> YES <input type="checkbox"/> NO)											
(Check <input type="checkbox"/> if continued on reverse)											
41. DISPOSITION				42. DATE OF DISPOSITION		43. TIME OF DISPOSITION		44. CC OF WHOLE BLOOD		45. CC OF PACKED CELLS	
46. CONVALESCENT LEAVE TAKEN				RECOMMENDED							
47. SIGNATURE OF ATTENDING HEALTH CARE PROVIDER						48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL					

FOR OFFICIAL USE ONLY
ACLU RDI CID ROI 29006
PREVIOUS EDITION WILL BE USED.

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

0216 05 010919-
0234 05 010289-36335

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
Hameed Nasir 869				869
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS Etat Civil		RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire		OTHER (Specify) Autre (Spécifier)
NEGROID Négróide		MARRIED Marié		
OTHER (Specify) Autre (Spécifier) <i>Arabi</i>		WIDOWED Veuf		
		SEPARATED Séparé		
		DIVORCED Divorcé		PROTESTANT Protestant
				CATHOLIC Catholique
				JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le tuteur		
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale				
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort.				
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire	Hemorrhagic stroke		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
<input type="checkbox"/> ACCIDENT Mort accidentelle				
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste			
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date du décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès		
0144 31 Aug 05		332 AFTT		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.				
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme		
(b)(6)		(b)(6)		
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse			
(b)(6)	332 AFTT			
DATE Date	SIGNATURE Signature			
31 Aug 05	(b)(6)			

ACLU DD CI D ROI 29007

000198

ACLU-RDP 5487 P 121

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² Do not include conditions contributing to the death, but not related to the disease or condition causing death.
Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.

DATE: 29 AUG 07
TIME OF INJURY: 15:00
TIME OF ARRIVAL: 15:00
ATTENDING PHYSICIAN: [Signature]
HISTORY & PHYSICAL
INJURY DESCRIPTION: R L L R

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oreign Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain

MECHANISM OF INJURY:
☐ GSW/Bullet
☐ Blunt trauma
☐ Single fragment
☐ Multi-fragment
☐ MVC
☐ Aircraft crash
☐ Knife/edge (stab)
☐ Mortar/RPG/Grenade
☐ CBRNE
☐ Blast
☐ Burn
☐ Crush
☐ Fall
☐ IED
☒ Other: Head & Neck R/CVA

Pulses Present:
S= Strong
P= Palpable
D= Doppler
A= Absent

HISTORY & PHYSICAL
Head & Neck: 2 Pupils & reactivity
Tym Membranes: ☐ R Clear ☐ R Blood
Chest: 2 Bilateral Breath sounds
Heart: RRR
Abdomen: Soft, non-tender, & palpable masses & organomegaly
Pelvis: stable
Upper Extremities: Flaccid, & lesions
Lower extremities: 2 Shin & abrasion

Neuro: GCS: 15
Sphincter Tone: loose
C-Spine Tender: ☒ Yes ☐ No
Skin: Burn: 1st 2nd 3rd %TBSA

Vision: Pupils R L
Brisk ☐ ☐
Sluggish ☒ ☒
NR ☐ ☐
Hand motion ☐ ☐
Light perception ☐ ☐
No light perception ☐ ☐
Size mm mm

Procedures:
☐ C-Collar
☐ Airway (oral/ nasal)
☐ Oral ☐ Nasal
☐ Chest tube
☐ R ☐ L
☒ Intubate
☐ CRIC
☐ Canthotomy
☐ Cantholysis
☐ FAST
☐ DPL
☐ NG/OG
☐ Pelvic Binder
☐ Foley
☐ Closed reduction
☐ EXT Fixation
☐ Splint
☐ Long Bone Splint
☐ Tourniquet Type Time on: Time off:
☐ Closed reduction
☐ EXT Fixation
☐ Splint
☐ Long Bone Splint
☐ Tourniquet Type Time on: Time off:
☒ Sedated
☒ Chemically Paralyzed
☐ Seizure Protocol
☐ Intraosseus
☐ Central Line
☐ A-Line
☐ Bair Hugger
☐ Chill Buster
☐ Cooling Blanket
☐ Level 1

Damage Control Procedures: Hypothermia Coagulopathy Class of Hemorrhage Shock
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No I ☐ II ☐ III ☐ IV ☐ Yes ☐ No

DNBI CATEGORY:
☐ Cardiac ☐ GI ☐ Injury, MVA ☐ Nephrology ☐ Psychiatric, Stress
☐ Dermatologic ☐ Heat/Cold ☐ Injury, Work/Training ☐ Ob/Gyn ☐ Pulmonary
☐ Endocrine ☐ Infectious Disease ☐ Injury, Other ☐ Ophthalmologic ☐ STDs
☐ Fever, Unexplained ☐ Injury, Rec./Sports ☐ Neurologic ☐ Psychiatric, Mental ☐ All Other Medical/Surgical

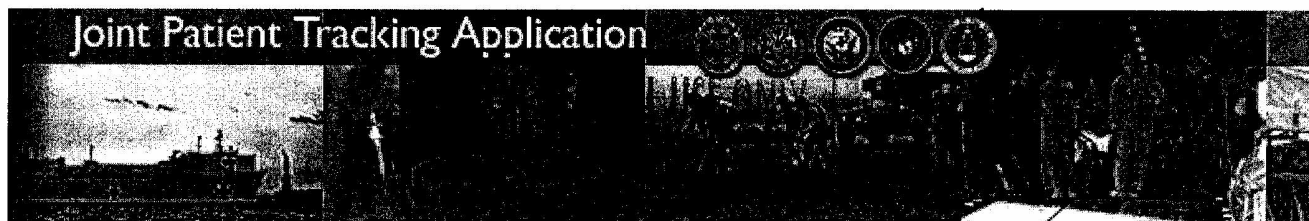
Evacuated/Dispositioned to:
☐ Routine ☐ OR, ICU, ICW
☐ Priority ☐ Level III, Level IV, Host Nation, Coalition Facility
☐ Urgent ☐ RTD Unit
☐ Deceased (see below)

Cause of Death:
Anatomic: ☐ Airway ☐ Head ☐ Neck ☐ Chest ☐ Abdomen ☐ Pelvis ☐ Extremity(Upper/ Lower) ☐ Other, specify:
Physiologic: ☐ Breathing ☐ CNS ☐ Hemorrhage ☐ Total Body Disruption ☐ Sepsis ☐ Multi-organ Failure ☐ Other, specify

PATIENT NAME: 869
SSN/ID: [Redacted]
Physician Signature: [Signature]
Printed or typed name: [Redacted]

Subject to the Privacy Act of 1974
 ACLU BDI CID ROI 29009
 FOR OFFICIAL
 USE ONLY
 000200

0234 05 CID 919-36335



Welcome (b)(6)

332 EMDG-BALAD

Patient Reg./Update

Patient Search

Patient Info.

Reports

F

Patient Treatment Management

SSN 000000869

?

NAME

?

SSN	NAME	SEX	RANK	BRANCH
000000869	HAMEED, JAHER	M	N/A	UNKNOWN
DIAGNOSIS:	CEREBROVASC DISEASE NOS			
ATTACHMENTS: 0 files			AF3899: Create	

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICW-1-332 EMDG	8/29/2005 8:50:47 AM	332 EMDG-BALAD
INPATIENT	PENDING INP-332 EMDG	8/29/2005 7:02:49 AM	332 EMDG-BALAD

FACILITY	AUTHOR	DATE	NOTES		
332 EMDG-BALAD	(b)(6)	8/29/2005 7:02:49 AM	PT HAS A POSSIBLE STROKE	Edit	Delete
332 EMDG-BALAD	(b)(6)	8/30/2005 1:59:52 AM	DNR after massive stroke	Edit	Delete

PENDING RTD ☐ PENDING TRANSFER ☐ FOLLOW UP APPT ☐

Type notes here:

SAVE NOTES

Procedure Hx ☐

REFRESH PAGE

ACLU DDI CID ROI 29010
FOR OFFICIAL
USE ONLY

EXHIBIT 20

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

PROGRESS NOTES

29 Aug 05 1745 Patient arrived from E.D., non-respon-
sive. R eye pinpoint & reactive, L
eye dilated pinpoint & reactive, nasal
tongue in place, lungs & rhonchi
1/0; 5, 52; abdomen soft & non
tender; Foley & clear yellow urine;
cont & palliative care, monitoring

@1830 Patient & unlabored breathing in
Mentula

29 Aug 05 2000 - D verbalizations. Mouth breathing & wet lungs sound.
MSO4 @ 20mg/hr. - comfort care initiated.
0600 Foley patent. Nasal tongue & rectus. DSK NS
@ 125/hr. & awaken - shallow breaths. & S
neuro V.

30 Aug 05 0730 unresponsive to verbal stimuli, extremities flaccid, bil. breathe
sound, change states respiration - tongue moving in place, MSO4
drip @ 20mg/hr. Foley to BSD & scant urine output -
1800 Remains obtunded, scattered crackles on all lung fields
u/o &

31 Aug 05 0144 O. & Respiration, & pulse. - SOD NOTED
DLS + Foley DIED Post mortem care
Completed.

STANDARD FORM 509 (REV. 7-91) BACK

FOR OFFICIAL USE ONLY
ACLU RDI CID.ROI 29011
EX-105 AD
000202

0216 05 010910

0234 05 010259-36335

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

ARRIVAL STATUS		RI	CATEGORY	WOUNDED BY	MOD	ARRIVAL	PATIENT CATEGORY
Date: <u>27 AUG 05</u>		<input checked="" type="checkbox"/> Immediate		<input type="checkbox"/> Unknown	<input type="checkbox"/> Walked		Nation:
Time of arrival:		<input type="checkbox"/> Delayed		<input type="checkbox"/> Friendly	<input type="checkbox"/> Carried		<input type="checkbox"/> US
Time of injury:		<input type="checkbox"/> Minimal		<input type="checkbox"/> Hostile	<input type="checkbox"/> USMC CASEVAC		<input type="checkbox"/> Host nation
Transit time:		<input type="checkbox"/> Expectant		<input type="checkbox"/> Ground Ambulance	<input type="checkbox"/> Non-med ground		<input type="checkbox"/> Coalition:
C-spine immob: YES / NO				<input type="checkbox"/> Training	<input type="checkbox"/> Ground Ambulance		<input type="checkbox"/> Enemy:
Intubated: YES / NO				<input type="checkbox"/> Self accident	<input checked="" type="checkbox"/> Air Ambulance		Service:
T: <u>98.9</u> BP: <u>119/64</u> HR: <u>76</u> RR: <u>14</u> C-Sat: <u>99</u>				<input type="checkbox"/> Self non-accident	<input type="checkbox"/> Ship EVAC		<input type="checkbox"/> USA
PAIN: <u>0 1 2 3 4 5 6 7 8 9 10</u>				<input type="checkbox"/> Sports recreation	<input type="checkbox"/> Other:		<input type="checkbox"/> USN
Last Tetanus:				<input type="checkbox"/> Other:			<input type="checkbox"/> USMC
GCS:							<input type="checkbox"/> USAF
TOURNIQUET	CPR IN PROGRESS	GENDER		EXPOSURE		PATIENT CATEGORY	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Male		<input type="checkbox"/> Remove clothes		<input type="checkbox"/> SOF	
Time on:	Time started:	<input type="checkbox"/> Female		<input type="checkbox"/> Warm blanket		<input type="checkbox"/> Civilian	
Time off:	Time ended:			<input type="checkbox"/> Cooling blanket		<input type="checkbox"/> Combatants	
PROTECTION	<input type="checkbox"/> Unknown			<input type="checkbox"/> Bear hugger		<input type="checkbox"/> Contractor	
<input type="checkbox"/> Helmet	<input type="checkbox"/> Worn	<input type="checkbox"/> Struck		<input type="checkbox"/> Radiant warmer		<input type="checkbox"/> Non-gov't org	
Kevlar or ACH (circle one)	<input type="checkbox"/> Worn	<input type="checkbox"/> Penetrated		<input type="checkbox"/> IV bag warmer		<input checked="" type="checkbox"/> Other: <u>EPLW</u>	
<input type="checkbox"/> Flak vest	<input type="checkbox"/> Worn	<input type="checkbox"/> Penetrated		<input type="checkbox"/> Other:			
<input type="checkbox"/> Ceramic plate	<input type="checkbox"/> Worn	<input type="checkbox"/> Penetrated					
<input type="checkbox"/> Eye protection	<input type="checkbox"/> Worn	<input type="checkbox"/> Penetrated					
<input type="checkbox"/> Deltoid/axilla	<input type="checkbox"/> Worn	<input type="checkbox"/> Penetrated					
<input type="checkbox"/> Groin/leg	<input type="checkbox"/> Worn	<input type="checkbox"/> Penetrated					
PRIMARY SURVEY							
AIRWAY	BREATHING	Breath Sounds		CIRCULATION		DEFICIT	
<input type="checkbox"/> Patent	<input type="checkbox"/> Unlabored	Right	Left	Skin:		<input type="checkbox"/> Alert	
<input type="checkbox"/> Stridor	<input type="checkbox"/> Labored	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot		<input type="checkbox"/> Responds to verbal	
<input type="checkbox"/> Drooling	<input type="checkbox"/> Absent	<input type="checkbox"/> Rales	<input type="checkbox"/> Rales	<input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic		<input type="checkbox"/> Responds to pain	
<input type="checkbox"/> Obstructed	<input type="checkbox"/> Retraction	<input type="checkbox"/> Flail	<input type="checkbox"/> Flail	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaph		<input type="checkbox"/> Unresponsive	
<input type="checkbox"/> Oral/Nasal Airway	<input type="checkbox"/> Flaring	<input type="checkbox"/> Wheeze	<input type="checkbox"/> Wheeze	Heart Sounds:		GCS:	
<input type="checkbox"/> BVM		<input type="checkbox"/> Absent	<input type="checkbox"/> Absent	<input type="checkbox"/> Clear <input type="checkbox"/> Muffled		Eyes: Verbal	
<input type="checkbox"/> Chest tube(s)	Trachea: <input type="checkbox"/> Midline <input type="checkbox"/> Deviated			Capillary Refill:		Motor	
<input checked="" type="checkbox"/> Intubated	Chest symmetry: (circle one)			<input type="checkbox"/> <2 seconds (normal)		Sphincter Tone:	
<input type="checkbox"/> Other:	Left > Equal < Right			<input type="checkbox"/> >2 seconds (delayed)		<input type="checkbox"/> WNL <input type="checkbox"/> Weak <input type="checkbox"/> None	
SECONDARY SURVEY							
HEAD/NECK/ENT	HEART	ABDOMINAL/GU		EXTREMITIES			
Drainage:	Rhythm:	<input checked="" type="checkbox"/> Flat		ROM: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Nose (color):	<input checked="" type="checkbox"/> NSR	<input type="checkbox"/> Distended		Fracture/dislocation:			
CSF: Halo sign	<input type="checkbox"/> Sinus tachycardia	<input type="checkbox"/> Obese		<input type="checkbox"/> RUE			
Glucose	<input type="checkbox"/> Sinus bradycardia	<input type="checkbox"/> Non-tender		<input type="checkbox"/> RLE			
Eyes: Equal R/L	<input type="checkbox"/> Asystole	<input type="checkbox"/> Tender		<input type="checkbox"/> LUE			
Fixed R/L	<input type="checkbox"/> Other	<input type="checkbox"/> Rigid		<input type="checkbox"/> LLE			
<u>Reactive R/L</u>	Pulses:	<input type="checkbox"/> Guarding		Blood at meatus/vagina:		Motor Sensation	
Dilated R/L	S = Strong D = Doppler	<input type="checkbox"/> Rebound		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		RUE + - + -	
Other:	P = Palpable A = Absent	<input type="checkbox"/> tenderness		Prostate:		LUE + - + -	
C-Spine tender:	Carotid <u>5</u> Right <u>5</u> Left	<input checked="" type="checkbox"/> Unable to assess		<input type="checkbox"/> WNL		RLE + - + -	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Femoral <u>5</u> Right <u>5</u> Left			<input type="checkbox"/> Abnormal		LLE + - + -	
Dental injury:	Brachial <u>5</u> Right <u>5</u> Left					Back Exam:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Radial <u>5</u> Right <u>5</u> Left					<input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
Tympanic Membrane:	Pedal <u>5</u> Right <u>5</u> Left					Time logrolled: <u>1458</u>	
<input type="checkbox"/> Clear R/L	JVD Distension:						
<input type="checkbox"/> Blood R/L	<input type="checkbox"/> Right						
	<input type="checkbox"/> Left						
PATIENT IDENTIFICATION		ALLERGIES	PAST MED HX	CURRENT MEDICATIONS			
Name/Rank:		<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> UNKNOWN			
SSN/Patient Id #: <u>869</u>		<input type="checkbox"/> NKDA	<input type="checkbox"/> None	<input type="checkbox"/> NONE			
DOB: (ddmmyy)		<input type="checkbox"/> PCN	<input type="checkbox"/> Respiratory hx	<input type="checkbox"/> OTHER			
Deployed unit:		<input type="checkbox"/> Sulfa	<input type="checkbox"/> Seizure hx				
MTF transferred from:		<input type="checkbox"/> Morphine	<input type="checkbox"/> Cardiac hx	LAST MED GIVEN @:			
		<input type="checkbox"/> Codeine	<input type="checkbox"/> HTN	<input type="checkbox"/> Morphine			
		<input type="checkbox"/> Other:	<input type="checkbox"/> DM	<input type="checkbox"/> Fentanyl <u>1200</u>			
			<input type="checkbox"/> Ulcers	<input type="checkbox"/> Antibiotic <u>100mg</u>			
			<input type="checkbox"/> Other:	<input type="checkbox"/> Other: <u>5000 VERSE</u>			

FOR OFFICIAL USE ONLY
ACLU RDI CID ROI 29012
EXHIBIT 20

0234 05 010259-36335

0216005 010919

INTUBATION/MECH VENT

Estimated Weight: _____ kg													
Time	Temp	HR	B/P	RR	/thm	SPO2	Mode	E	V	M	T	Pain	Initials
1500		83	147/79			99	VENT						
1503		72	135/72			99	VENT						
			/										
			/										
			/										
			/										
			/										
			/										
			/										

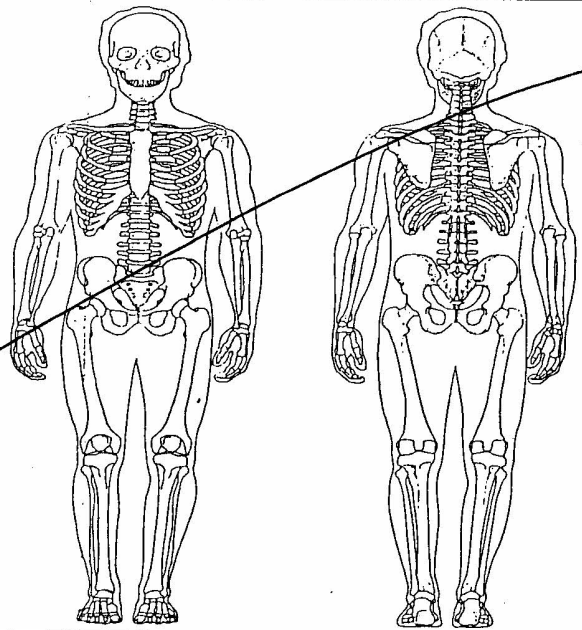
FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

FI02: 100 Time: _____
PEEP: 5 Mode: 3mmV
ET/NT Size: 7.0 Rate: 14
23 cm at the
☒ Teeth ☐ Lips
_____ cm at nare
☐ R ☐ L
Tidal Volume: 700

SECONDARY SURVEY

MECHANISM OF INJURY

- (A) Abrasion
- (A) AMP)utation
- (A) V)ulsion
- (B) Leeding
- (B) urn
- (C) repitus
- (D) eformity
- (D) G)Degloving
- (E) cchymosis
- (F) X)Fracture
- (F) oriegn Body
- (G) S)Gun Shot Wound
- (H) ematoma
- (L) A)eration
- (P) W)Puncture Wound
- (P) ain
- (S) S)Seatbelt Sign
- (S) W)Slab Wound



- ☐ GSW/Bullet
- ☐ Blunt trauma
- ☐ Single fragment
- ☐ Multi-fragment
- ☐ MVC
- ☐ Aircraft crash
- ☐ Knife/edge (stab)
- ☐ Mortar/RPG/Grenade
- ☐ CBRNE
- ☐ Blast
- ☐ Burn
- ☐ Crush
- ☐ Fall
- ☐ IED
- ☐ Other:

Burn:
☐ 1st ☐ 2nd ☐ 3rd
%TBSA = _____

VASCULAR ASSESSMENT

LAB		X-RAY		CT		PROCEDURES		
Time	Lab test	Time	Xray	Time	CT	Proced	Size	Location
(b)(6)			C-spine		Head	Foley		
			Chest		Chest	NG		
			Abd		Abd	Ch tube-1		
			Pelvis		Pelvis	Ch tube-2		
			Extrem		Other:	Cent Ln		
	Glucose		Other:			A-Line		
	HCG					FAST	Neg	
	Other:					Other:		

GLASCOW COMA SCALE

Best Eye Opening		Best Verbal Response		Best Motor Response	
Spontaneous	4	Oriented	5	Obeys commands	6
To speech	3	Confused	4	Localizes pain	5
To pain	2	Inappropriate words	3	Withdraws from pain	4
None	1	Incomprehens sounds	2	Flexion to pain	3
		None	1	Extension from pain	2
				No response	1

Pupil Size:
R = _____ mm L = _____ mm
☐ Brisk ☐ Brisk
☐ Sluggish ☐ Sluggish
☐ Non-reactive ☐ Non-reactive

2 3 4 5 6 7 8

PATIENT IDENTIFICATION

Name: _____
Patient Id./SSN: 869

FOR OFFICIAL USE ONLY
ACLU-RDI CID ROI 29013
EXHIBIT 20
000204

ACLU DDI CID ROI 29014
FOR OFFICIAL
USE ONLY
EX-100
000205

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION	DATE OF ORDER	TIME	NURSE'S SIGNATURE
HAMMEED, <u>NASIR</u>	8-29-05		
869	ADMIT 12401 WARD		
	COMFORT CARE / EXPECTANT		
	(R) HEMISPHERIC HEMORRHAGE		
	SPACE		
	ROOM AIR		
	MORPHINE 20mg/hr		
	Foley to Gravity		

NURSING UNIT	ROOM NO.	BED NO.
(b)(6)	(b)(6)	(b)(6)

PATIENT IDENTIFICATION	DATE OF ORDER	TIME
	8-29-05	(b)(6)
	NEOPHYN 100mg	
	(TRUMPET) p.m.	

NURSING UNIT	ROOM NO.	BED NO.
(b)(6)	(b)(6)	(b)(6)

PATIENT IDENTIFICATION	DATE OF ORDER	TIME

PATIENT IDENTIFICATION	DATE OF ORDER	TIME

NURSING UNIT	ROOM NO.	BED NO.

0234 05 010259-36335

USAPA V1.01
PAGE 1 OF 2

0216 05 01919-
0234 05 010259-36335

ND EMDG LABORATORY REQUEST FORM

(Subject to Privacy Act of 1974)

PLEASE FILL OUT **ALL** GREY AREAS, OR SPECIMEN WILL **NOT** BE PROCESSED

DATE: _____		TIME: _____		STAT _____ PRE-OP _____ ROUTINE _____	
Patient Name (Last, First, MI): 869		Pt SSN/Pseudo SSN: _____		Pt DOB: ____/____/____	Pt Sex: M F
		Pt UNIT/WARD/TMC/FOB: ED			
Ordering Provider Name:		Ordering Provider E-mail:		Other Contact Information:	
<input type="checkbox"/> Minor Trauma Panel (Includes type and hold, CBC and HCG – if female)		<input checked="" type="checkbox"/> Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG – if female)			
1 Purple and Urine – if female		2 Purples, 1 Green, 1 Blue and Urine – if female			
CBC (Hematology) – Purple Top <input type="checkbox"/> WBC 4.4-11 x 10 ³ /µl RBC 4.5-5.9 x 10 ⁶ /µl TD 00000897 / 05-27-05 HE 15:01 WBC 11.7 10 ³ /µl RBC 5.0 10 ⁶ /µl Hgb 11.7 g/dL Hct 35.0 % MCV 87.0 fL MCH 21.3 pg MCHC 24.4 g/dL RDW 13.2 % PLT 171 x 10 ³ /µl MPV 9.4 fL PCT 0.4 % SWE 0.4 % FLU 0.4 % IMF 0.4 % LYM 0.4 % MON 0.4 % EOS 0.4 % BAS 0.4 % OTHER 0.4 % None 0.4 % 2-8% 0.4 % 1-4% 0.4 % 0.5-1.0% 0.4 % None 0.4 %		Urinalysis (Chemistry) <input type="checkbox"/> Color Straw, Yel, Amber Clarity Clear Spec Gr 1.003-1.030 pH 4.6-8.0 LEU Neg NIT Neg PRO Neg GLU Neg KET Neg UBG 0.1-1.0 BIL Neg BLD Neg Other _____		Serology – Red Top <input type="checkbox"/> Test Result Ref Range Serum HCG _____ Neg Urine HCG _____ Neg Inf Mono _____ Neg RPR _____ Neg HIV _____ Neg Strep A _____ Neg Chlamydia _____ Neg	
Coagulation Studies – Blue Top (Full) <input type="checkbox"/> PT 17.3 8-14 Sec INR 1.7 <input type="checkbox"/> PTT 167.5 20-40 Sec <input type="checkbox"/> D-dimer Neg <input type="checkbox"/> FDP Neg		Urinalysis (Microscopic) <input type="checkbox"/> Test Result Ref Range WBC _____ 0-5/Hpf RBC _____ 0-3/Hpf Epi _____ 0-5/Hpf - Type _____ Bact _____ Neg Mucous _____ Neg Crystals _____ Neg Yeast _____ Neg Trich _____ Neg Casts _____ Neg - Type _____ Other _____		Microbiology <input type="checkbox"/> Gram stain _____ NBS <input type="checkbox"/> Culture _____ Source: <input type="checkbox"/> Wound _____ NG x 4 Days <input type="checkbox"/> Blood _____ NG x 7 Days <input type="checkbox"/> CSF _____ NG x 4 Days Urine: <input type="checkbox"/> CCMS _____ NG x 24 Hrs <input type="checkbox"/> CATH _____ NG x 48 Hrs Comments:	
		Blood Bank - Purple Top Must Submit SF 518 with every unit requested <input type="checkbox"/> ABO/Rh OPOS		CSF Analysis <input type="checkbox"/> Test Result Ref Range Color _____ Clarity _____ RBC _____ None WBC _____ <5 Lymph/mm ³	
				Malaria Smears – Purple Top Test Result Ref Range <input type="checkbox"/> Thin Smear _____ Neg <input type="checkbox"/> Thick Smear _____ Neg	

FOR OFFICIAL
USE ONLY

000208

Phone (b)(6)

Security

Security

FOR OFFICIAL USE

Army (b)(6)

NOTE: for mass casualty can substitute Trauma Number only for Name and SSN

LAW ENFORCEMENT SENSITIVE

time (ICU patients only):

hrs

Date (Month/Day/Year)

Location

ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward#

(circle one)

if none of above, enter name of clinic and phone number here:

History: (circle one of following or list below) IED Mortar Gunshot MVA ☒ETT ☒Central Line ☒NG/OG-Tube

Possible CVA

Provider who will get these results:

Exam Requested

circle here if portable (ER/ICU/PACU only) ☒ PORTABLE

Chest X Ray Cervical Spine

Other (Specify)

KUB Thoracic Spine

Pelvis Lumbar Spine

Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)

CT scan of the

Ultrasound of the

Head Face

Testicles

Cervical Spine

Legs (DVT study)

Abdomen/Pelvis

RUQ

CT Other:

US Other:

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

Time Processed:

hrs

Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

Device

"Check" means Position Adequate

ETT/Trach

Heart

Normal See Below

Subclav Line

Lungs

Normal See Below

IJ Line

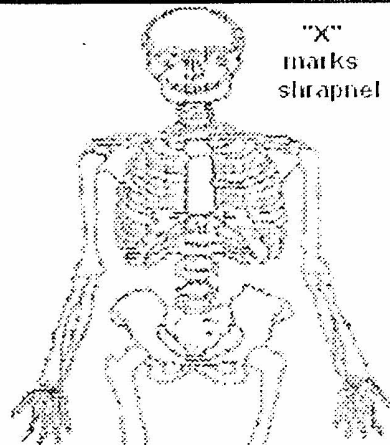
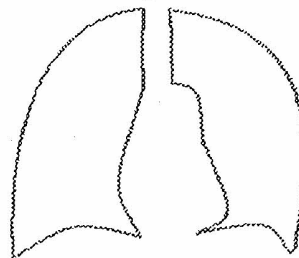
NG/Feed Tube

Pneumo

No Yes

Chest Tube

Thorax?



"X" marks strapnel

CXR = NAD, Neg for age.

CT Head = lg area acute hemorrhage involving R temporal + posterior parietal region. (+) Intraventricular hemorrhage + Subdural hemorrhage + SAH. (+) subfalcine herniation (L) descending transtentorial herniation.

Daniel Duffy, Radiologist
Maj., USAF MCLinwood He
Lt Col

AC

CID ROI 29018

101-11.806-3

FOR OFFICIAL
USE ONLY

000209

2216 05 CID919-
0234 02 CID259-36335
FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

332 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE
Patient Name: Physician:
ID: ID:
Address: Address:
Age: Sex: Room:

Sample ID: 869 Fluid: SERUM Priority: ROUTINE
Misc: Misc: Misc:

Test		Result		Normal Range
GLUCOSE	HI	115.	mg/dL	74. - 106.
UREA NITROGEN		13.	mg/dL	9. - 20.
CREATININE		1.0	mg/dL	.7 - 1.5
SODIUM		141.	mmol/L	137. - 145.
POTASSIUM		4.1	mmol/L	3.5 - 5.1
CHLORIDE	HI	109.	mmol/L	98. - 107.
CARBON DIOXIDE		22.	mmol/L	22. - 30.
CK	HI	529.	U/L	55. - 170.

Test Init Date: Aug 29 05 15:03:50

ACLU DDI CID ROI 29019
FOR OFFICIAL
USE ONLY

EXT000210 20

0216 05 C-1919-

0234 05 CID 259 - 36335

۵۳۷

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

[illegible]

8. AIRCRAFT/VEHICLE DEPARTED		9. AIRCRAFT/VEHICLE COMMANDER	
(b)(6)		a. NAME (Last, First, Middle Initial)	b. GRADE
(b)(6)		(b)(6)	(b)(6)
a. TIME	1400 L	c. ORGANIZATION	
b. DATE (YYYYMMDD)	20050831	HHC 48th BCT	
d. SIGNATURE		e. DATE SIGNED	
(b)(6)		(YYYYMMDD)	
		20050831	
10. AIRCRAFT/VEHICLE ARRIVED		11. RECEIVING OFFICIAL	
(b)(6)		a. NAME (Last, First, Middle Initial)	b. GRADE
(b)(6)		(b)(6)	(b)(6)
a. TIME	0300 L	c. ORGANIZATION	
b. DATE (YYYYMMDD)	20050831	246th QM CO (MA)	
d. SIGNATURE		e. DATE SIGNED	
(b)(6)		(YYYYMMDD)	
		20050831	

DATE SIGNED
9020
(YYMMDD)
20050831

000211 USAPA V1.00

FOR OFFICIAL USE ONLY – LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0234-05-CID259-36335

PAGE 1 OF 1 PAGES

DETAILS

On 7 Jun 06, this office received the Final Autopsy Report, ME-05-0611, from the Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), which ruled Mr. HAMMEED's death as natural. Also received the Overseas Death Certificate. (See Report and Certificate for details)

///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA (b)(6), (b)(7)(C), (b)(7)(F)

ORGANIZATION

76th MP Det (CID) (FWD)
Camp Slayer, Iraq APO AE 09342

SIGNATURE

b(6), b(7)(C)

DATE

7 Jun 06

EXHIBIT

208

CID FORM 94

1 FEB 77

ACLU DDI CID ROI 29052

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850



(b)(6)

AUTOPSY EXAMINATION REPORT

Name: BTB Hammed, Johar Nasir
Internment Serial Number: 2/3-014-B1437
Date of Birth: Unknown
Date of Death: 31 AUG 2005
Date of Autopsy: 06 SEP 2005
Date of Report: 29 MAY 2006

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian
Place of Death: Camp Anaconda, Iraq
Place of Autopsy: Port Mortuary
Dover AFB, DE

Circumstances of Death: This believed to be 65 year old Iraqi male civilian detainee died from an acute intracerebral hemorrhage that occurred on 29 AUG 2005, after being detained by American forces. According to the CID investigation of the decedent's death the decedent was detained in the early morning hours on 29 AUG 2005 and suffered some abrasions and contusions by offering moderate resistance during his apprehension. Upon arrival to the detention center at approximately 0730 hrs, the decedent was reported to be awake, alert and oriented. A detention center medical team evaluated the decedent approximately 3 hours after arrival and cleared him medically. At about noon the same day, the decedent entered a portable toilet under his own power and without difficulty. Upon exiting the toilet, the decedent was witnessed to stagger and appeared dis-oriented with slurring of his speech. The decedent was transported to the local medical facility for treatment of a suspected cerebrovascular accident (stroke). The decedent was diagnosed with an acute intracerebral bleed. The decedent was hospitalized for treatment and died on 31 AUG 06.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Presumptive identification is established by the internment serial number and accompanying records.

CAUSE OF DEATH: Acute Cerebrovascular Accident due to Amyloid Angiopathy

MANNER OF DEATH: Natural

FOR OFFICIAL USE ONLY and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Act Program", DoD Directive 5230.9, "Security and Policy Review of DoD Information for Public Release", and DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply.

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT

23

AUTOPSY REPORT (b)(6)
BTB Hammed, Johar Nasir

Page 2 of 10

FINAL AUTOPSY DIAGNOSES:

I. Acute Intracerebral Hemorrhage

A. Acute Intracerebral Hemorrhage

1. An approximately 8 x 8 cm area of necrotic brain tissue in the right parietal lobe of the brain surrounds an intraventricular hematoma that extends to the inferior surface of the right cerebral hemisphere and is associated with approximately 30 to 40 ml of collectible subdural clotted blood and an additional 20 to 30 ml of subdural hematoma that is loosely adherent to the posterior dura mater and the superior surface of the tentorium cerebelli. The right cingulate gyrus is prominent and distorts the falx cerebri. The cerebellar tonsils are prominent. The basilar artery has minimal atherosclerosis and there are no gross aneurysms of the cerebral arteries.
2. Neuropathology consultation reveals an acute parenchymal hemorrhage of the right inferior temporal-occipital region due to amyloid angiopathy (see full consultation report below)

II. Blunt Force Injuries

A. Injuries of the Head

1. A 9.4 x 3.8 cm abraded contusion of the right cheek
2. A 4.0 x 1.0 cm area of purple discoloration of the inferior aspect of the right eye socket, probable contusion
3. A 1.4 x 1.0 cm abrasion with laceration of the lower left lip associated with a 2.0 x 2.0 cm ecchymosis of the buccal mucosa
4. A 5.2 x 2.3 cm contusion of the strap muscles of the left side of the neck, extends down to left side of thyroid cartilage
5. A 2.7 x 2.5 cm contusion of the lateral aspect of the right neck
6. An approximately 5.0 x 3.0 cm resolving subgaleal contusion (probable) of the left parietal scalp

B. Injuries of the Torso

1. Four contusions surround the right nipple, ranging in size from 0.3 x 0.3 cm to 4.6 x 2.5 cm
2. A 2.0 x 1.5 cm contusion is on the medial left chest
3. A 6.0 x 2.0 cm abraded contusion is on the right flank, overlying the anterior iliac crest
4. A 6.2 x 4.1 cm contusion is on the left buttock
5. A 1.5 x 1.0 cm contusion over the sternum, identified on dissection
6. A 2.2 x 1.2 cm contusion of the right chest wall, identified on dissection

AUTOPSY REPORT (b)(6)
BTB Hammed, Johar Nasir

Page 3 of 10

C. Injuries of the Extremities

1. A 2.4 x 1.4 cm contusion of the right shoulder
2. A 6.0 x 4.0 cm contusion of the left upper arm, over the left biceps
3. A 3.0 x 1.5 cm contusion of the lateral left forearm
4. A 0.5 x 0.3 cm abrasion of the posterior left wrist
5. A 2.5 x 1.0 cm abrasion on the medial aspect of the right wrist
6. A 0.4 x 0.4 cm crusted abrasion of the left fourth finger
7. A 1.5 x 1.0 cm abrasion of the left knee
8. A 2.5 x 1.5 cm area of abraded callused skin of the left knee
9. A 7.0 x 2.0 cm contusion of the medial aspect of the left ankle
10. A 10.8 x 0.9 cm abrasion of the anterior aspect of the left ankle extending to the left foot
11. A 4.0 x 2.0 cm area of abraded skin on the medial aspect of the left foot
12. A 1.5 x 1.5 cm and a 2.5 x 0.5 cm contusion of the left great toe
13. A 0.7 x 0.7 cm laceration of the medial aspect of the right foot

III. Injuries Suggestive of Wrist Restraint

1. A 2.8 x 0.2 cm patterned linear abrasion of the right wrist that is 0.5 cm apart from a parallel 2.0 x 0.2 cm linear abrasion of the right wrist
2. A 1.1 x 0.5 cm patterned linear abrasion of the anterior right wrist that is 0.5 cm apart from a linear 0.5 x 0.1 cm abrasion of the anterior right wrist
3. A 1.8 x 0.2 cm abrasion of the medial right wrist
4. A 1.2 x 0.2 cm abrasion of the medial right wrist

IV. Evidence of Probable Medical Intervention

1. A 7.0 x 3.0 cm ecchymosis of the anterior left forearm
2. A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand
3. A 7.0 x 2.0 cm ecchymosis of the posterior right forearm
4. A 0.7 x 0.7 cm ecchymosis of the lateral right wrist
5. Segment of bio-occlusive dressing on the anterior left wrist

V. Other Autopsy Findings

1. Cardiomegaly (480 grams) with bilateral ventricular dilation
2. Mild atherosclerosis (25% stenosis) of the right coronary artery and minimal abdominal aortic atherosclerosis
3. Bilateral pulmonary edema
4. Liver hemangioma (2.0 x 1.5 cm)
5. Splenomegaly (1120 grams)
6. Renal cortical cyst (3.2 cm in diameter) and granular renal cortical surfaces
7. Moderate to severe trabeculation of the urinary bladder with diverticuli formation
8. Multiple prostatic concretions

AUTOPSY REPORT (b)(6)
BTB Hammed, Johar Nasir

Page 4 of 10

VI. Identifying Marks

1. A 4.0 x 0.3 cm horizontal scar of the left costal margin
2. A 2.1 x 1.0 cm seborrheic keratosis of the back
3. A 1.0 x 1.0 cm callus of the anterior surface of the right foot
4. Black ink writing on right chest "869"

- VII.** Toxicology is negative for ethanol, cyanide and screened drugs of abuse. The blood contains 0.22 mg/L of morphine and 2% carboxyhemoglobin (normal for non-smokers 0-3% and smokers 3-10%)

EXTERNAL EXAMINATION

The body is received wrapped in a white bed sheet and is that of a well-developed appearing 70 inch long, 161 pounds Iraqi National male whose appearance is consistent with the reported age of 65 years. Lividity is fixed along the left side of the body and posterior surface. Rigor is easily broken in the extremities.

The scalp is covered with gray with admixed black hair in a normal distribution with male patterned baldness. The medial conjunctiva of each eye is moderately edematous and slightly yellow. The irides are brown and the pupils are round and equal in diameter (6 mm). The external auditory canals are free of abnormal secretions. The ears are unremarkable. The nares are patent. The frenula of the lips are intact. The nose and maxillae are palpably stable. The facial hair consists of a gray and black mustache and a gray stubble beard. The teeth appear natural and in fair repair.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. There are several contusions of the chest described below. The abdomen is flat and free of any gross injuries. The genitalia are those of a circumcised, normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. Injuries of the extremities are described below.

CLOTHING AND PERSONAL EFFECTS

The body is received for examination without clothing or personal effects

MEDICAL INTERVENTION

The following findings represent possible prior intravascular access sites:

1. A 7.0 x 3.0 cm ecchymosis of the anterior left forearm
2. A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand
3. A 7.0 x 2.0 cm ecchymosis of the posterior right forearm
4. A 0.7 x 0.7 cm ecchymosis of the lateral right wrist

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

ACLU-RDI CID ROI 29057

For Official Use Only

EXHIBIT

00247

23

AUTOPSY REPORT (b)(6)
BTB Hammed, Johar Nasir

Page 5 of 10

5. A segment of bio-occlusive dressing on the anterior left wrist

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates neither acute or remote fractures nor any foreign bodies.

EVIDENCE OF INJURY

Blunt Force Trauma Injuries

Injuries of the Head:

A 9.4 x 3.8 cm abraded contusion is on the right cheek, immediately in front of the right ear. A 4.0 x 1.0 cm area of purple discoloration is along the inferior aspect of the right eye socket, representing a probable contusion. There is a 1.4 x 1.0 cm abrasion with a laceration of the lower left lip associated with a 2.0 x 2.0 cm ecchymosis of the buccal mucosa. This area is most likely secondary to blunt trauma, although the possibility of this injury being secondary to endotracheal intubation cannot be excluded. A 5.2 x 2.3 cm contusion of the strap muscles of the left side of the neck extends down to left side of thyroid cartilage. A 2.7 x 2.5 cm contusion is on the lateral aspect of the right neck. On the subgaleal membranes of the left parietal scalp is an approximately 5.0 x 3.0 cm area of a probable resolving contusion.

Injuries of the Torso:

Four contusions surround the right nipple, ranging in size from 0.3 x 0.3 cm to 4.6 x 2.5 cm. A 1.5 x 1.0 cm contusion is over the sternum and a 2.0 x 1.5 cm contusion is on the medial left chest. A 2.2 x 1.2 cm contusion of the right chest wall is revealed on examination of the intercostal muscles. A 6.0 x 2.0 cm abraded contusion is on the right flank, overlying the anterior iliac crest and a 6.2 x 4.1 cm contusion is on the left buttock.

Injuries of the Extremities:

A 2.4 x 1.4 cm contusion is on the right shoulder and a 6.0 x 4.0 cm contusion is on the left upper arm, over the left biceps muscle. A 3.0 x 1.5 cm contusion is on the lateral left forearm and there is a 0.5 x 0.3 cm abrasion of the posterior left wrist. A 0.4 x 0.4 cm crusted abrasion is on the left fourth finger. On the medial aspect of the right wrist is a 2.5 x 1.0 cm abrasion. On the left knee are a 1.5 x 1.0 cm abrasion of the left knee and a 2.5 x 1.5 cm area of abraded callused skin of the left knee. The left ankle and foot have a 7.0 x 2.0 cm contusion on the medial aspect of the left ankle, a 10.8 x 0.9 cm abrasion of the anterior aspect of the left ankle that extends the left foot, a 4.0 x 2.0 cm area of abraded skin is on the medial aspect of the left foot and a 1.5 x 1.5 cm and a 2.5 x 0.5 cm contusion of the left great toe. A 0.7 x 0.7 cm laceration is on the medial aspect of the right foot.

Injuries Suggestive of Wrist Restraint:

On the posterior surface of the right wrist is a 2.8 x 0.2 cm patterned linear abrasion that is 0.5 cm apart from a parallel 2.0 x 0.2 cm linear abrasion. A 1.1 x 0.5 cm patterned linear abrasion of the anterior right wrist is 0.5 cm apart from a linear 0.5 x 0.1 cm abrasion of the

AUTOPSY REPORT

(b)(6)

Page 6 of 10

BTB Hammed, Johar Nasir

anterior right wrist. On the medial aspect of the right wrist are a 1.8 x 0.2 cm abrasion and a 1.2 x 0.2 cm abrasion.

INTERNAL EXAMINATION

HEAD:

The calvarium is intact, as is the dura mater beneath it. Bloody cerebrospinal fluid surrounds the 1420 gm brain. There are no skull fractures. The atlanto-occipital joint is stable.

An approximately 8 x 8 cm area of necrotic brain tissue in the right parietal lobe of the brain surrounds an intraventricular hematoma that extends to the inferior surface of the right cerebral hemisphere and is associated with approximately 30 to 40 ml of collectible subdural clotted blood and an additional 20 to 30 ml of subdural hematoma that is loosely adherent to the posterior dura mater and the superior surface of the tentorium cerebelli. The right cingulate gyrus is prominent and distorts the falx cerebri. The cerebellar tonsils are prominent. The basilar artery has minimal atherosclerosis and there are no gross aneurysms of the cerebral arteries. Neuropathology consultation reveals an acute parenchymal hemorrhage of the right inferior temporal-occipital region due to amyloid angiopathy (see full consultation report below)

NECK:

The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 990 and 930 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately to severely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 490 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show mild (25% stenosis) atherosclerosis of the right coronary artery. The left coronary artery and its branches are free of atherosclerosis. The myocardium is homogenous, red-brown, and soft. The left ventricle is grossly dilated. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.2-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

AUTOPSY REPORT

(b)(6)

Page 7 of 10

BTB Hammed, Johar Nasir

LIVER & BILIARY SYSTEM:

The 1930 gm liver is enlarged and has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. A 2.0 x 1.5 cm area of the inferior portion of the right lobe of the liver is consistent with a hemangioma. The gallbladder contains a minute amount of green-black bile and no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 1120 gm spleen is massively enlarged and has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. There are no masses within the parenchyma.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys weigh 130 and 160 gm, respectively. The external surface of the right kidney is intact and smooth. The left kidney contains a 3.2 cm diameter simple cyst. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. A white bladder mucosal overlies a severely trabeculated bladder wall that has several diverticuli. The bladder contains a scant amount of urine. The prostate is normal in size, with lobular, yellow-tan parenchyma and multiple concretions. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 80-90 ml of cloudy white liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, lung, kidney, liver, bile, gastric contents, adipose and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

AUTOPSY REPORT (b)(6)
BTB Hammed, Johar Nasir

Page 8 of 10

CONSULTATIONS

Neuropathology Consultation (Department of Neuropathology, AFIP, Washington D.C.):

This case was reviewed in conference on 12 Apr 06.

We examined the 1365-gram formalin-fixed brain submitted in reference to this case. The brainstem and cerebellum have been artifactually displaced superiorly between the occipital lobes during fixation. Subdural hemorrhage is delicately attached to the dura near the occiput; however, membrane formation is not noted. Patchy subarachnoid hemorrhage is identified over both cerebral hemispheres, left greater than right. The leptomeninges of the interpeduncular cistern, brain stem, and cerebellum are free of hemorrhage. A 5.5 x 4.0 cm, hemorrhagic defect is present in the inferior surface of the right temporal-occipital lobes. Cerebral cortical contusions are not seen. The remainder of the cerebral cortex has an unremarkable gyral pattern. The cranial nerve stumps identified are unremarkable. The circle of Willis is dissected from the brain and shows an adult pattern without aneurysms, atherosclerosis, or sites of occlusion. There is mild displacement of the right cingulate gyrus to the left, but definite herniation is not identified. There is no evidence of uncus or tonsillar herniation. The brain stem and cerebellum are normal in size, shape, and consistency. Coronal sections of the cerebrum confirm the presence of the temporal-occipital lobe hemorrhage, which extends up to 3.0 cm into the white matter and periventricular region. Focal intraventricular extension is noted. Otherwise, the ventricular system is of normal size and shape. No other abnormalities are noted in the cerebral cortex, white matter, and deep gray matter nuclei. The substantia nigra and locus ceruleus are normally pigmented for age. The cerebral aqueduct is patent and free of blood. Transverse sections of the brain stem and cerebellum show no abnormalities. The fourth ventricle has the usual size and is free of blood. The spinal cord is not available for examination.

Summary of microscopic sections: 1. Left superior and middle frontal gyri. 2. Left inferior parietal lobule. 3. Left superior and middle temporal gyri. 4. Left cingulate gyrus. 5. Left hippocampus. 6. Left caudate and putamen. 7. Left putamen and globus pallidus. 8. Left thalamus. 9. Midbrain (right inked black). 10. Pons (right inked black). 11. Medulla (right inked black). 12. Left cerebellum. 13. Cervico-medullary junction (right inked black). 14. Right uncus. 15. Right inferior parietal lobule. 16. Right inferior parietal lobule. 17. Dura with hemorrhage. 18-20. Right inferior parietal lobule.

The tissue was processed in paraffin; a section prepared from each paraffin block was stained with H&E. Additional sections prepared from selected blocks were stained with an iron stain, Halls and immunohistochemical methods for β -amyloid.

Microscopic sections show acute hemorrhage in sections of cerebral cortex and white matter with associated neutrophils and occasional macrophages. White matter rarefaction, hypereosinophilic neurons, white matter vacuolation, foci of necrosis, thickened vessels and scattered axonal spheroids are identified adjacent to the hemorrhage. Immunohistochemical staining for β -amyloid highlights amyloid deposition within vessel walls, consistent with

AUTOPSY REPORT

(b)(6)

Page 9 of 10

BTB Hammed, Johar Nasir

amyloid angiopathy. Acute subarachnoid hemorrhage is noted in several sections, confirming the findings described in the gross examination. Acute subdural hemorrhage without evidence of early organization or membrane formation is identified in the section of dura. The above features are consistent with an acute parenchymal hemorrhage most likely secondary to amyloid angiopathy with extension into the subarachnoid and subdural spaces. An associated acute infarct with accompanying edema is also present. Although the changes could be due to a hemorrhagic infarct with incidental amyloid angiopathy, the above interpretation is favored.

Sections of cerebral cortex also demonstrate numerous plaques, which are highlighted with immunohistochemical staining for β -amyloid. Sections of hippocampus exhibit scattered Hirano bodies and a few neurofibrillary tangles. These features represent non-specific neurodegenerative changes.

Multiple sections, including those from the basal ganglia, are remarkable for arteriolosclerosis with associated perivascular hemosiderin-laden macrophages.

Diagnoses: Brain, autopsy: 1. Parenchymal hemorrhage, acute, right inferior temporal-occipital region, with associated acute infarction, subarachnoid hemorrhage and subdural hemorrhage.
2. Amyloid angiopathy.
3. Arteriolosclerosis.
4. Non-specific neurodegenerative changes

Thank you for submitting this case for study.

Signed by (b)(6) on 12 APR 06.

MICROSCOPIC EXAMINATION

Selected portions of organs, other than the brain (noted above) are retained in formalin, without preparation of histologic slides.

OPINION

This BTB 65 year old Iraqi National male died as a result of an acute cerebrovascular accident that is due to amyloid angiopathy. Amyloid is a proteinaceous material that is produced by the body and can accumulate in the viscera and/or the blood vessels of the body and brain. In this particular case, the acute cerebral hemorrhage occurred in contemporary relationship to the decedent being detained by American forces. Review of investigative and medical records reveals that the decedent was awake and alert upon intake into the detention facility. His blood pressure was mildly elevated (152/98 mmHg). It was documented he had blunt force trauma injuries consistent with being forcibly detained. At noon, approximately two hours after being medically evaluated and several hours after capture, the decedent was witnessed to stumble out of a port-a-john and then quickly became unresponsive. The decedent was determined to have an acute stroke, which was confirmed on

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

ACLU-RDI CID ROI 29062

For Official Use Only

EXHIBIT 23

AUTOPSY REPORT (b)(6)
BTB Hammed, Johar Nasir

Page 10 of 10

CT scan. The decedent survived in the medical treatment facility approximately 48 hours before succumbing to the stroke. The mechanism for the stroke is presumed to be the transient increase in blood pressure within a diseased cerebral arteriole, during the process of elimination while the decedent was in the latrine. There is no definitive evidence the blunt force trauma sustained during the capture of the decedent precipitated the stroke, therefore the manner of death is natural. The morphine (narcotic analgesic) and carboxyhemoglobin present in the blood did not contribute to the death.

(b)(6)	
(b)(6)	Medical Examiner

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

0234-05-C0254-36335



REPLY TO
ATTENTION OF

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

(b)(6)

Name

HAMMED, JOHAR

SSAN: XXU-05-0835

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: September 19, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 8/31/2005

Date Received: 9/8/2005

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 2% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

Positive Opiate: Morphine was detected in the blood by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.22 mg/L of morphine as quantitated by gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

ACLU DDI CID ROI 29064

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT

**FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE**

0234-05-C0254-36335

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)									
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hammed, Johar,			GRADE Grade		BRANCH OF SERVICE Arme Civilian		SOCIAL SECURITY NUMBER Numéro de l'Assurance Social 2/3014B1437		
ORGANIZATION Organisation			NATION (e.g. United States) Pays Iraq		DATE OF BIRTH Date de naissance		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
RACE Race			MARITAL STATUS État Civil			RELIGION Culte			
<input checked="" type="checkbox"/> CAUCASOID Caucasique			<input type="checkbox"/> SINGLE Célibataire			<input type="checkbox"/> PROTESTANT Protestant			
<input type="checkbox"/> NEGROID Négre			<input type="checkbox"/> MARRIED Marié			<input type="checkbox"/> CATHOLIC Catholique			
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)			<input type="checkbox"/> DIVORCED Divorcé			<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)			
<input type="checkbox"/> WIDOWED Veuf			<input type="checkbox"/> SEPARATED Séparé			<input type="checkbox"/> JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent					RELATIONSHIP TO DECEASED Parenté du décédé avec le sus				
STREET ADDRESS Domicile à (Rue)					CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)				
MEDICAL STATEMENT Déclaration médicale									
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)							INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.					Acute Cerebrovascular Accident due to Amyloid Angiopathy		Hours		
ANTECEDENT CAUSES Symptômes précurseurs de la mort.		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire							
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire							
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives									
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non				CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures			
<input checked="" type="checkbox"/> NATURAL Mort naturelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie							
<input type="checkbox"/> ACCIDENT Mort accidentelle									
<input type="checkbox"/> SUICIDE Suicide		NAME OF PATHOLOGIST (b)(6)							
<input type="checkbox"/> HOMICIDE Homicide		SIGNATURE (b)(6)				DATE Date 6 September 2005		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) 31 August 2005			PLACE OF DEATH Lieu de décès Balad Iraq						
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.									
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)					TITLE OR DEGREE Titre ou diplôme				
GRADE Grade (b)(6)			INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE						
DATE Date 06 JUN 06			(b)(6)						

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565, 26 SEP 76, WHICH ARE OBSOLETE

ACLU-DDI-CID ROI 29065

**FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE**

EXHIBIT

24